

**AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
ETHICS COMMISSION**

**Formal Complaint of Alleged Violation of the
Occupational Therapy Code of Ethics**

If an investigation is deemed necessary, a copy of this form will be provided to the individual against whom the complaint is filed.

DATE _____

COMPLAINANT: (Information regarding individual filing the complaint)

NAME	SIGNATURE
ADDRESS	TELEPHONE
	E-MAIL ADDRESS

RESPONDENT: (Information regarding individual against whom the complaint is directed)

NAME	TELEPHONE
ADDRESS	E-MAIL ADDRESS

1. Indicate the Ethical Principle(s) you believe have been violated:

2. Summarize in an attachment the facts and circumstances, including dates and events, warranting the complaint. Attach documentation that you think would help the Ethics Commission in its assessment of this complaint. Please sign and date all documents you have written and are submitting. *Do not include confidential documents such as patient or employment records.* (Statements from witnesses are not necessary at this time.)

3. If you have filed a complaint about this same matter to any other agency (e.g., NBCOT; SRB; academic institution; any federal, state, or local official), indicate to whom it was submitted and the approximate date(s).

4. What steps have been taken to resolve this complaint?

I CERTIFY THAT THE STATEMENTS/INFORMATION WITHIN THIS COMPLAINT ARE CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

Send completed form, with accompanying documentation, IN AN ENVELOPE MARKED **CONFIDENTIAL** to:

Ethics Commission
American Occupational Therapy Association, Inc.
Attn: Staff Liaison to the EC/Ethics Office
4720 Montgomery Lane, PO Box 31220
Bethesda, MD 20824-1220

Office Use Only:

Membership Verified? Yes No

By: _____