

## **Ethics Commission Formal Complaint Form**

All complaints must be submitted to the Ethics Office at AOTA using the Formal Statement of Complaint Form. Complainants must complete the form in its entirety. Anonymous submissions will not be accepted.

Date:			
Complainant: (Information regarding in	ndividual filing the complaint)		
NAME			
ADDRESS	TELEPHONE		
CITY, STATE & ZIPCODE	E-MAIL ADDRESS		
Respondent: (Information regarding in	dividual against whom the complaint is directed)		
NAME			
ADDRESS	TELEPHONE		
CITY, STATE & ZIPCODE	E-MAIL ADDRESS		
Ethics	from the AOTA Occupational Therapy Code of Ethics that the Respondent		
	nstances, including dates and events, that support a violation appy Code of Ethics and this complaint.		
☐ If you have filed a complaint al	If you have filed a complaint about this same matter with any other agency (e.g., NBCOT®; SRB; academic institution; any federal, state, or local official), indicate to whom it was submitted, the approximate date(s),		
Attach any supporting docume Occupational Therapy Code of	ntation that provides evidence that a violation of the AOTA Ethics has occurred.		
□ Do not include confidential info	ormation or documents, such as natient or employment records		



## Sign and Date

I certify that the statements/information within this complaint are correct and truthful to the best of my knowledge and are submitted in good faith, not for resolution of private business, legal, or other disputes for which other appropriate forums exist.			
SIG	NATURE	DATE	
Send	this form and attachments to the	AOTA Ethics Commission	
	By mail marked <b>CONFIDENTIAL</b> : Ethics Commission American Occupational Therapy Associa Attn: Ethics Program Manager/Ethics Of 7501 Wisconsin Avenue, Suite 510E Bethesda, MD 20814-6519	·	
	By email: Send all material in <b>PDF</b> format to ethics	@aota.org with " <b>Complaint</b> " in the subject line.	