

**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	SIGNATURE
ADDRESS	TELEPHONE
	E-MAIL ADDRESS

**1. Summarize** in a written attachment the **facts and circumstances, including dates and events**, that support a violation of the *Occupational Therapy Code of Ethics* and this complaint. Include steps, if any, that have been taken to resolve this complaint before filing.

**2. Please sign and date all documents you have written and are submitting.** *Do not include confidential documents such as patient or employment records.*

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

**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.**

Signature \_\_\_\_\_

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

Ethics Commission  
American Occupational Therapy Association, Inc.  
Attn: Ethics Program Manager/Ethics Office  
6116 Executive Boulevard, Suite 200  
North Bethesda, MD 20852-4929

**OR email all material in pdf format to  
ethics@aota.org with "Complaint" in subject line**

<b>Office Use Only:</b>  Membership Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____
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