INDIANA-ABC
CODE OF ETHICS VIOLATION INQUIRY FORM

Please complete all areas below and return this form to the chairperson of the Ethics Committee. Names and information provided will be held in confidence, and will only be shared with the IN-ABC Executive Board in the event that an investigation is warranted. Forms may also be forwarded to APS, CPS, BDDS or Attorney General if deemed to be necessary.

Name of Behavior Consultant _____

Employer of Consultant_____

Describe in detail the alleged ethics violation, and please include names and dates. Please cite the specific IN-ABC Code of Ethics Article you feel was violated:

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If the alleged violation involved a client: Client Name(s) / Phone Numbers (If this section is completed, this form must be accompanied by a Client Consent Form)

Client Name _____ # _____

Client Name _____ # _____

Witness Name _____ # _____

Witness Name _____ # _____

Have you attempted to resolve this issue informally with the Behavioral Consultant named above? No___ Yes ___
Is the Behavioral Consultant aware that an allegation is being filed? No ___Yes___
If a client was involved, has their case manager been notified of the alleged violation? No ___ Yes ___
Has an official incident report been filed with APS, BDDS, CPS, or Attorney General? No___ Yes___

If yes which agency(s) _____

What other action or reporting has occurred thus far?

_____

_____

_____

Signature _____ Printed Name _____

Date _____ Contact Numbers _____

Please scan and email to - fritzkruggel@gmail.com - or - fax to (812) 323-8186 - Attn: Ethics Committee Chair