INDIANA-ABC Consent Form

I _____, give my permission to _____ INDIANA-ABC member to include my name in an Ethics Violation Form report that will be submitted to the INDIANA-ABC Ethics Committee to aid them in investigating an alleged violation. I understand that, as a result of this consent, a member or members of the IN-ABC Ethics Committee may contact me in order to conduct an investigative interview regarding the alleged violation.

SIGNATURES:

_____	_____
Consumer Printed Name	Date
_____	_____
Consumer Signature	Date
_____	_____
Guardian / Advocate Printed Name	Date
_____	_____
Guardian / Advocate Signature	Date
_____	_____
IN-ABC Member Printed Name	Date
_____	_____
IN-ABC Member Signature	Date