

**Ethics Complaint Form
APA Ethics Office**

Please type or print in ink. Please review the documents Information for Individuals filing APA Ethics Complaints and Submission of Information to the APA Ethics Office to assist you in completing this form.

Have you verified that the person you want to file against is an APA member? Yes No

If no, please contact our membership office to make sure that the individual is a member of APA. Contact information is available on our complaint webpage.

APA cannot process complaints against non-members.

Person making complaint: _____

Address: _____

Phone: _____

Are you a member of APA? Yes No

Member you are filing a complaint regarding: _____

Address: _____

Phone: _____

Note: You must file a separate form for each individual you wish to file a complaint against.

When did the alleged unethical behavior begin? _____

What is the most recent date of the alleged unethical behavior? _____

Have you discussed this situation with the psychologist you are complaining about?

Yes No

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Have you filed a complaint with any other organization(s)? ___Yes ___No

If yes, please indicate below:

___Yes, State Licensing Board **Date:** _____ **Status:** _____

___Yes, State Psychological Association **Date:** _____ **Status:** _____

___Yes, civil suit (e.g., malpractice suit) **Date:** _____ **Status:** _____

___Yes, other (e.g., university grievance) **Date:** _____ **Status:** _____

Please answer the following questions to help us to understand your complaint:

Summarize for us in 2-3 sentences the nature of the alleged ethical misconduct:

List the Ethical Standards you believe have been violated:

On separate paper, please type (or print neatly in ink) the following information while being as concise as possible:

- (1) a summary of the events in chronological order leading up to the behavior including the most important dates related to the behavior by the psychologist,**
- (2) a complete account of the behavior at issue,**
- (3) any relevant information about what happened after the behavior occurred, and**
- (4) any steps you have taken to address this situation.**

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Please send us photocopies (not originals) of any evidence you have related to your allegations.

Note: Please only send documents directly relevant to your complaint. A large volume of unnecessary documentation may delay the completion of review of your complaint.

If this is a billing matter, have you included all the relevant bills?

Yes No NA

If this is related to an evaluation, have you included (i) any court order appointing the evaluator, (ii) the evaluation itself, and (iii) transcript(s) of any testimony by the member related to the evaluation?

Yes No NA

If this is related to therapy, have you included proof of the dates of treatment and any correspondence with the member?

Yes No NA

*******Important*******

Please sign each of the releases below without modification. We will only process your complaint form if these releases are complete. If they are incomplete, processing of your complaint will be delayed while we return this form to you for your signature.

Releases

I hereby give the member(s) against whom I am making this complaint permission to give the APA Ethics Committee any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

Signature: _____ **Date:** _____

I hereby give the APA Ethics Committee permission to send to the member(s) against whom I am making this complaint, copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: _____ **Date:** _____

I hereby waive any right to subpoena from APA or its agents, for the purposes of private civil litigation, any documents or information concerning this matter.

Signature: _____ **Date:** _____

Return the completed form and documentation to: American Psychological Association Ethics Office, 750 First Street, NE, Washington, DC 20002.

Form revised 9/2012