



C. MABPCB Ethics Committee Policy and Procedure

In filing a formal complaint, the information provided will determine the action to be taken by the Board. The complaint must contain first-hand information. The person filing the complaint must provide a statement in their own words describing the nature of the complaint and include as many details as possible, such as dates, time, and documented evidence relative to the complaint. The emphasis should be on providing necessary factual information. They must describe any action taken prior to contacting the Board.

A complaint can be submitted by anyone who believes that a credentialed professional of MABPCB has engaged in conduct that conflicts with the ethical guidelines which are related to their professional responsibilities.

Note: The Board can only investigate credentialed professionals who have been credentialed through MABPCB, or Applicants who are actively seeking credentialing through MABPCB.

The Board can only investigate valid complaints that are violations of MABPCB Code of Ethics and are within its jurisdiction (Maryland).

The decision to or not to investigate the complaint will be sent to the person filing the complaint.

Within 10 days of receipt of a complaint, the Board will send a written notification of receipt to the complainant. Then, the complaint is investigated, and if no violation can be substantiated, the case will be closed, and the complainant will be notified.

If the case involves criminal activity, the agency/agent filing the complaint will be responsible for legal follow up; after which said agency/agent will inform the Board of the action taken.

The MABPCB may deny certification to any Applicant. The Board may also fine, reprimand, place on probation, suspend, or revoke a credential, if it is determined that an Applicant or credentialed professional has violated the regulations governing the practice of a Certified Chemical Dependent Counselor, Certified Criminal Justice Professional, Certified Co-Occurring Disorder Professional, Certified Clinical Supervisor, Certified Peer Recovery Specialist, and Registered Peer Supervisor.

The complainant must fill out the official complaint form and, within 10 days of receipt, return it to:

MABPCB
Attn: Ethics Committee



MABPCB

Ethics Complaint Form

Please Type or Print

Check One:

- CCDC
 CCS
 CCJP
 CCDP
 RPS
 CPRS

Subject's Information:

Printed Name: Last, First, Middle:

Birthdate:

Certification #:

Home Ph #:

Cell Ph #:

Home Address:

Street #:

City:

State:

Zip code:

Employer Name:

Work Phone #:

Fax #:

Work Address:

City:

State:

Zip Code:

Complainant's Information:

Printed Name: Last, First, Middle

Credential:

Certification#:

Date of Incident:

Relation to subject named above:

Name of Business:

Street #:

City:

State:

Zip Code:

Details of Complaint:
who, what, when, where, why, how

Signature:

Date: