# Association for Clinical Pastoral EducationAPC Logo b&w

# and

# Association of Professional Chaplains

# Ethics/Educational Complaint Form

**I. GENERAL INFORMATION**

**A. ACPE/APC Member *Against* Whom This Complaint Is Filed (“Respondent”):**

**Name:**

**Member of APC?\_\_\_\_ ACPE? \_\_\_\_\_**

**Respondent’s Institutional Affiliation/Title/Position:**

**B. Person Filing This Complaint (“Complainant”)**

**Name:**

**Email:**

**Phone: (work) (cell) (home)**

***Preferred number? Preferred Times of day:***

***Instructions for leaving messages:***

**Your Institutional Affiliation/Title/Position:**

**II. COMPLAINT INFORMATION (II. A-C please answer only on this form)**

**A. In what context do you know the respondent?**

**B. Did the alleged violation(s) occur against you? Yes \_\_\_ No \_\_\_**

***1. If “no,” give the name of the person(s) against whom the alleged violation occurred & your relationship to that person(s).***

***2. If “no” has the above person(s) consented to your filing on their behalf?* Yes \_\_\_No \_\_**

**C. Are these allegations reported or addressed in any other forum? Please give contact information for any forum checked.**

**\_\_Civil, administrative or criminal court**

**\_\_A professional licensing or certifying organization**

**\_\_ Endorsing Faith Group (specify)**

**\_\_Other professional association**

**\_\_An employment entity**

**\_\_Other (specify)**

***Note: For sections D, E, F, & G, concise information limited to five additional pages only will be considered at this phase. If initial criteria for a complaint are met, this form and attached pages will be sent to the person you named for a response. The respondent’s form parallels this one with a 5-pg. attachment limit. You both will have further opportunity to provide evidence (emails, conversations, photos, records, evaluations, etc.) as well as contact information for up to 7 people with knowledge of the situation if this complaint proceeds to an investigation.***

**D. Provide a brief factual summary of the specific act(s) or omission(s) by the respondent along with the date(s) of the alleged violation(s).   Your summary must include a reference to the specific section(s) of the ACPE or APC Code of Ethics you believe has/have been**[**violated by the respondent.**](http://violated.www.acpe.edu/)

**E. For navigational assistance, visit:**[**www.acpe.edu**](http://www.acpe.edu/)**(Resources/ Standards&Manuals/Information on Filing a Complaint/Code of Ethics) or**[**www.professionalchaplains.org**](http://www.professionalchaplains.org/)**(Professional Standards/Professional Ethics).  Use the respondent’s association Standards at the above web sites. For additional assistance call the Executive Director at ACPE 404.320.1472x6217 or APC: 847.240.1015**

**F. Describe any efforts made to resolve this complaint or to address the conduct alleged in the complaint. Give the forum, dates, participants.**

**G. Identify what action or remedy you seek from filing this complaint (note: monetary awards, reimbursements, settlements or any other financial action is not available from this process or association.)**

**III. CONSENT AND FILING INSTRUCTIONS**

**The information contained in this Complaint Form is accurate to the best of my present knowledge and constitutes my formal complaint. I consent to the release of my name and any information I supply, and/or information obtained by ACPE/APC in the course of processing this complaint to the respondent and to people authorized by ACPE/APC. I will cooperate fully with the process as described in the ACPE/*APC Ethics Procedures.*  Should the respondent have information that is confidential or privileged about me, I authorize release of that information for this investigation. I recognize I will have access to information gathered by the ACPE/APC only at its discretion and according to the *Ethics Procedures.*** [www.acpe.edu](http://www.acpe.edu) **(Resources/ Standards&Manuals/Information on Filing a Complaint)**

**Signed Date**

***Thank you for your careful attention to this process. Please limit your description (D-G) to 5 or fewer pages. Send these materials, marked “Confidential,” to:***

**Chief Executive Officer, Association of Professional Chaplains, Inc.**

**2800 W. Higgins Road, Suite 295**

**Hoffman Estates, Il 60169**

**or**

**Executive Director, ACPE**

**55 Ivan Allen Jr. Boulevard, Suite 835**

**Atlanta, GA 30308**