

DMTCB

Dance/Movement Therapy Certification Board

ETHICS COMPLAINT FORM

DANCE/MOVEMENT THERAPY CERTIFICATION BOARD

CONFIDENTIAL

This form is supplied by the Dance Movement Therapy Certification Board (DMTCB) to individuals, groups or organizations (complainants) who want to submit an ethics complaint against one or more DMTCB certificant (respondents). To start the ethics complaint process, each complainant must complete this form, or prepare a similar detailed description of the factual allegations supporting the charges, and send this information to:

Chairperson, Dance Movement Therapy Certification Board

10632 Little Patuxent Pkwy, Suite 108

Columbia, MD 21044-3263

All complainants are asked to review the DMTCB Code of Ethics and Ethics Procedures before and during the preparation of an Ethics Charge Statement in order to understand the organization's procedures and ethical standards.

This form may be completed on the DMTCB website, and submitted to the Chairperson through the website, or downloaded and printed out and submitted to the above address. Relevant documentation is to be submitted by postal mail to the above address. Confirmation of receipt of the complaint will be sent by the DMTCB staff to the complainant(s).

The complaint shall be considered complete after the Chairperson receives all required documentation, which includes: (1) the completed complaint form, (2) all applicable supplemental information, (3) all documentation and information requested in writing by the Chairperson. Incomplete, anonymous, or trivial complaints will not be reviewed by the Chairperson.

DMTCB Confidential Ethics Complaint

1. Please print in ink or type the following information. If there is more than one Complainant or Respondent, attach additional pages to provide the same information for all individuals.

A. Complainant Information

Name	(first)	(last)
Address	(#, street)	(city, state, zip)
Phone number	(home)	(cell)
E-mail address		(opt. 2nd)

B. Information regarding individual against whom complaint is filed.

Name	(first)	(last)
Address	(#, street)	(city, state, zip)
Phone number	(home)	(cell)
E-mail address		(opt. 2nd)

2. Provide a statement of what you consider to be the essential facts involved in the alleged ethics violation.

Note: This should be a summary of the most important facts which the Complainant believes support the issuance of a formal ethics complaint by the DMTCB. Include a clear explanation of the alleged unethical conduct of the Respondent. Not all information that the Complainant is prepared to present need be included here, however the facts must be explained in sufficient detail to permit the Respondent to answer the allegations in the event that the Chairperson determines that the ethics charge should be pursued. Each fact should be numbered. (If the space below is not sufficient, additional pages may be attached.)

3. To the best of your knowledge, are there any other ethics complaints, regulatory complaints, or court actions that have been filed by you or anyone else that relate to the same or similar allegations contained in this Complaint Form? If so, identify such complaints or other actions below.

Note: List actions taken or contemplated that are directed at the same or related complaints, such as filings with state licensure or regulatory boards, courts or other judicial forums, professional organizations, and employers that relate to the issue. List such actions regardless of who is the individual filing. You must advise the chairperson of any additional complaints filed subsequent to the time this complaint is submitted or which were previously filed but that you did not have knowledge of at the time this complaint was submitted.

4. List all persons you believe have knowledge of the matters you have asserted in this complaint and a brief description of what each person’s knowledge is regarding the alleged violation.

Note: Please provide each individual’s full name, address, telephone number, and other contact information (e.g. e-mail address).

Name	(first)	(last)
Address	(#, street)	(city, state, zip)
Phone number	(home)	(cell)
E-mail address		(opt. 2nd)

Name	(first)	(last)
Address	(#, street)	(city, state, zip)
Phone number	(home)	(cell)
E-mail address		(opt. 2nd)

Name	(first)	(last)
Address	(#, street)	(city, state, zip)
Phone number	(home)	(cell)
E-mail address		(opt. 2nd)

5. List all documents relevant to the matters asserted in this complaint.

Note: Documents must be listed by type (*e.g.*, letter, memo, e-mail, certificate, etc.), date, and name of the individual or organization that prepared it. All documents in this section must be submitted along with this complaint. If the complaint is submitted electronically, the DMTCB will maintain confidentiality to the best of its ability. Complainant agrees that there are limits to the security of electronic communication. All additional documents must be mailed promptly to the address above, to be received along with the electronic complaint form.

6. List all steps you have attempted to resolve the issue with the Respondent prior to the submission of this Complaint form.

STATEMENT AND CERTIFICATION OF CHARGES

By submitting this Ethics Complaint Statement, I charge the certificant identified with a violation(s) of the DMTCB Code of Ethics. I have read the DMTCB Ethics Case Procedures and I agree to abide by the conditions and terms of these rules. I understand that the information submitted to the Ethics committee of the DMTCB concerning this ethics proceeding will be kept confidential. I also understand that the accused certificant will receive a copy of this document, and in this way the accused will know who has made the complaint. Other information that is submitted with regard to the ethics case will also be sent to the accused with identification of the sources.

I further certify that the factual allegations made in this Ethics Complaint Statement are true and accurate to the best of my knowledge and that these ethics charges are made in good faith.

Signature of
Complainant: _____ Date: _____