



CONNECTICUT CERTIFICATION BOARD

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CCB-AFFILIATED PROFESSIONAL COMPLAINT FORM

This form is to be filled out by any person registering a complaint with the Connecticut Certification Board Inc, concerning an certified or registered professional or an individual applying for certification.

PART I.

1. Name of person registering complaint:

Last

First

Address

Contact Number

Email

2. Name of the certified or registered professional or applicant against whom the complaint is being registered:

Last

First

Address

Contact Number

Email

3. Nature of complaint (check all that are appropriate):

_____ Improper treatment practices

_____ Discriminatory practices

_____ Violation of the CCB Code of Ethical Conduct

_____ Violation of applicable state or federal statute

PART II.

Please describe in specific detail, the facts, circumstances, situation and allegations concerning the complaint (attach an additional sheet if necessary):

Submit any written materials, data, or other documents which you think are relevant to your complaint:

PART III.

On which date did the action of complaint occur? _____

When were you first aware of the matter about which you are complaining?
What is the most recent date of which you know of the alleged conduct prompting the complaint?

PART IV.

Do you know of others who have knowledge of the alleged conduct? [] Yes [] No
If yes, please provide the following information about them:

Last First

Address

Contact Number Email

Has the person against who the complaint is being filed given you any explanation for the alleged conduct? Yes No

If so, please state all such explanation(s):

How do you view the explanation given to you?

PART V.

Have you filed this complaint with any federal, state or local government agency?

Yes No If so, name of agency and address:

If not, do you intend to file with another agency?

Yes No If so, name of agency and address:

Have you pursued resolution of your complaint through any internal grievance procedures of an institution or agency?

Yes No If yes, what is the status of your complaint and the name of the grievance procedure?

Have you commenced civil or administrative action or proceeding in the federal courts based upon this event?

Yes No If yes, what is the status?

In the event that the CCB is unable to locate you to discuss this complaint, please provide the following information concerning a person who knows where to contact you:

Name

Phone

Email

I understand that the person against whom the complaint is being registered shall be fully informed concerning this formal complaint process and shall be given the opportunity to submit rebuttal information and or materials concerning the complaint. Additionally, I have filled out the formal complaint form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, _____, swear that the information herein enclosed herewith is true and correct.

Signature

Date

Please submit via US Mail to the address on the first page of this document or contact the Executive Director for a confidential email address.