

Professional Discipline Complaint Form

Complete each section of this form. Submit your signed complaint form to ABC along with the appropriate documentation to support your complaint. Upon receipt, the Professional Discipline Committee will determine whether an inquiry can be initiated under its authority.

Please print legibly.

Section I – Your Personal Contact Information

Name (herein referred to as “Complainant”)

Address 1

Address 2

City

State

Zip

Phone

Fax

Website

Email

Section II – Alleged Code Violator’s Contact Information

Name of Respondent (must be an ABC credentialed individual or facility)

Address 1

Address 2

City

State

Zip

Phone

Fax

Website

Email

