

PROFESSIONAL ETHICS 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 Ethics Committee will determine whether an inquiry can be initiated under its authority. The Complaint and supporting documents must be legible and may not exceed 20 pages without ABC's prior written approval.

Section I – Your Personal Contact Information

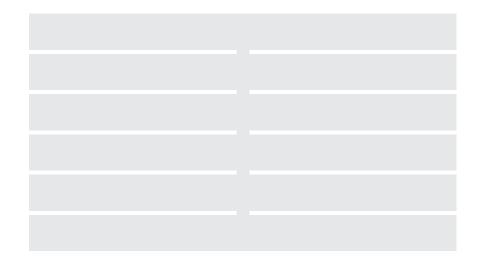
Your Name (herein referred to as Complainant)		
Street Address		
Suite/Apt. #	City	State
	Zip	
Work/Home Phone	Fax	
Cell Phone	Email	

Section II – Alleged Code Violator's Contact Information

Name of Respondent (must be an ABC Credential Holder as defined in C1.1)		
Street Address		
Suite/Apt. #	City	State
	Zip	
Work Phone	Fax	
Website	Email	

Section III - Alleged Code Violation

Cite specific Code(s) alleged to have been violated, example C2.1 or C3.1:



Section IV – Specific Complaint Details

Cite the nature of your complaint including specific dates and events. (Please use a separate sheet of paper if necessary. Supplemental attachments must be signed and dated.)

Section V

List of supporting documentation attached (i.e. invoices and payments, signed statements from physician(s) and other professional personnel, etc.)

Please read and sign the following attestation:

By signing this Complaint Form, I acknowledge that I have granted my permission to initiate an inquiry against the Respondent based on the allegations set forth herein. I have read and understand the Rules and Procedures. Further, I acknowledge that a copy of this Complaint Form, any accompanying letters of complaint and supporting documentation will be sent by the Professional Ethics Committee to the Respondent (in the event that an inquiry is initiated) and may be forwarded to the ABC Board of Directors if necessary. I acknowledge, consent and warrant that confidential information about me may be shared with ABC by me and the Respondent in connection with this Complaint and ABC's evaluation of the Complaint.

Signature of Complainant

Medical Information Release Authorization:

By signing below, I authorize the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. to deliver a copy of this authorization to any holder of my medical information and such holder may rely on this authorization and has the authority to release to ABC or its agents all medical and related information related to this Complaint.

Signature of Complainant

Date

Date

Please submit completed Complaint Form to:

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. Attn: Molly Maguire 330 John Carlyle Street, Suite 210 Alexandria, VA 22314 mmaguire@abcop.org

Or fax all forms and documentation to 703-842-8898, Attn: Molly Maguire