



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 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

Date

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

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