



California Consortium of  
Addiction Programs and  
Professionals

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ccapp.us

**Ethics Complaint Form:**

Please include the following information when submitting a complaint for an alleged ethical violation of a CCAPP counselor. All other counselors will need to be reported to DHCS directly.

Your Name **(required)**: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number **(required)**: \_\_\_\_\_

Your Email **(required)**: \_\_\_\_\_

Name of the Counselor **(required)**: \_\_\_\_\_

Counselor contact information (if any): \_\_\_\_\_

Date the incident occurred **(required)**: \_\_\_\_\_

What is the code of conduct section you believe has been violated?  
See CCAPP Code of Conduct & CA Code of Conduct **(required)**: \_\_\_\_\_

Place violation occurred **(required)**: \_\_\_\_\_

Any witnesses to the incident: \_\_\_\_\_

Describe the alleged violation **(required)** (attach a separate page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)