

American Association of Pastoral Counselors  
CONFIDENTIAL

*Ethics Complaint Form*

**BASIC INFORMATION**

Member Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Complainant Information

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Call Back Instructions \_\_\_\_\_

Is your complaint being addressed in any of the following: (Please check)

- |                                                          |                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Court, either civil or criminal | <input type="checkbox"/> State Board of Professional Regulation      |
| <input type="checkbox"/> Church/Endorsing Faith Group    | <input type="checkbox"/> Other Certifying Professional Organizations |

**CODE OF ETHICS VIOLATIONS INVOLVED** (Please note sections of Code you believe have been violated.)

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**COMPLAINT** (Use additional pages if needed)

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# CONFIDENTIAL

## SUPPORTING DOCUMENTATION

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### AUTHORIZATION TO RELEASE INFORMATION AND WAIVERS

Having made an ethics complaint to the American Association of Pastoral Counselors about the above named member of AAPC, I authorize AAPC and its Judicial Ethics Panel use my name and the information I presented to investigate and process this complaint.

I authorize the member against whom my complaint has been made, to release to AAPC and its Judicial Ethics Panel any information requested in the course of their investigation. I waive any confidential privilege, right or claim of privacy I may now have in information communicated to or held by the Member. I understand that information so received by AAPC and its Judicial Ethics Panel would be treated confidentially.

If additional information is needed by AAPC and its Judicial Ethics Panel to complete its investigation from other professionals such as therapists, medical care providers or others who might have information about the complaint, I understand that this information will not be sought without my written permission. A separate request to authorize release of information will be requested, specifically stating information sought, from whom and for what purpose.

I understand that information gathered in the process of this investigation would be shared fully with the member so that they may respond without limitation to AAPC about the ethics complaint.

For the protection of the integrity of the ethics complaint process, I realize that I will not have access to information gathered by AAPC in the course of its investigation. However, I understand that I will be informed of final actions taken.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Return this report and other materials to:**

**American Association of Pastoral Counselors  
Douglas M. Ronsheim, D.Min., Executive Director  
9504A Lee Highway  
Fairfax, VA 22031  
703 385-6967 Fax 703 352-7725**