

CTWS Professional Discipline Complaint Form

Please print or type legibly.

SECTION I

Your Name (herein referred to as "Complainant"):

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Relationship to Certificant:

Co-Worker Employer Employee Other _____

SECTION II

Name of Certificant (must be a CTWS credentialed individual)*: _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION III

Cite specific Standards of Conduct alleged to have been violated.

SECTION IV

Cite the nature of your complaint and specific dates and events (please attach supplemental information and documents).

SECTION V

List any other supporting documentation.

IMPORTANT:

1. By signing this form, I affirm that the allegations set forth in this complaint and any accompanying materials are based on my own personal knowledge and are true and correct to the best of my knowledge and belief. I further affirm that I have submitted any and all information and materials that I believe relate to the allegations set forth in the complaint currently available to me, and I will provide CTS with any and all additional information, if any, as it becomes available to me, whether or not requested by CTS. I understand and agree that all information and materials provided by me in connection with this complaint may be considered or used as evidence by CTS.
2. Further, by signing this form, I acknowledge that all information, including a copy of this complaint, any accompanying letters of complaint and supporting documentation will be submitted to CTS and the Certificant (in the event that an inquiry is initiated). I understand that, in the event an investigation is undertaken by CTS, the Certificant will be requested to submit evidence addressing the allegations of the complaint. I understand that information submitted by the Certificant is subject to my further inspection and review and that I will have an opportunity to respond to such information. I further understand that the Certificant will enjoy the same rights with respect to any and all information provided by me and/or learned by CTS.
3. Further, by signing this form, I acknowledge that I must treat all information confidential, and that CTS will keep all information it receives strictly confidential except if it discloses the information to its attorneys, the Certificant, or me, or is required by law, regulation or court order to disclose the information.

Complainant Signature

Date