

LOUISIANA LICENSED PROFESSIONAL VOCATIONAL REHABILITATION COUNSELORS
BOARD OF EXAMINERS

ETHICS COMPLAINT FORM

This form is supplied by the Louisiana Licensed Professional Vocational Rehabilitation Counselors Board of Examiners (LLPVRC) to individuals (complainants) who want to submit an ethics complaint against a licensed rehabilitation counselor (LRC) licensed by the Board. In order to file an ethics complaint, you must complete this form and mail it marked "Confidential" to: Ethics Committee, LLPVRC, P.O. Box 41594, Baton Rouge, LA 70835-1594.

Whenever possible, the Board recommends that you review the LLPVRC Code of Professional Ethics for Licensed Rehabilitation Counselors and the LLPVRC Guidelines and Procedures for Processing Ethical Complaints (a summary designed to assist you with the process) before and during the preparation of this Ethics Complaint Form. This review will assist you in understanding the Board's procedures and ethical standards. You may also telephone the LLPVRC administrative office at (225) 922-1435 with questions concerning this process and to obtain the aforementioned materials, or request information from the LLPVRC website at www.lrcboard.org.

(Please Print or Type the Following Information)

1. I am making a complaint:

_____ (Name)	_____ (Daytime Telephone)
_____ (Street Address)	_____ (Evening Telephone)
_____ (City, State, Zip Code)	_____ (Facsimile Number)

2. My complaint is against: (Please list all available information)

_____ (Name)	_____ (Daytime Telephone)
_____ (Street Address)	_____ (Evening Telephone)
_____ (City, State, Zip Code)	_____ (LRC Number)

(Over)

3. If you are a client, you are encouraged to use the grievance process available at the agency or

company from which you are receiving services. Have you done so? Yes No

4. If you are a professional colleague, you are encouraged to discuss this situation with the LRC you are filing a complaint against. Have you done so? Yes No

5. Have you filed formal complaints with other organizations? Yes No
(If yes, please indicate below where else this complaint has been filed)

National certification board Organization: _____ Date Filed: _____

Professional organization Organization: _____ Date Filed: _____

Civil law suit (e.g., malpractice) Jurisdiction: _____ Date Filed: _____

Administrative appeal or grievance Jurisdiction: _____ Date Filed: _____

Other Organization: _____ Date Filed: _____

If you checked one or more lines in Item # 5, please attach existing documents and a description of the status of the complaint(s).

6. On separate paper, please provide a complete account of what happened, covering all of the following points:

1. The nature and dates of ethical violation(s);
2. The sequence of events leading up to the violation(s);
3. Any relevant information about what happened afterward;
4. The reasons you believe an ethical violation has occurred. Please refer to the LLPVRC Code of Professional Ethics for Licensed Rehabilitation Counselors and, if possible, identify any rules that apply to the situation. (Those wishing to obtain a copy of the Code of Professional Ethics for Licensed Rehabilitation Counselors may write to LLPVRC at P.O. Box 41594, Baton Rouge, LA 70835-1594 or telephone LLPVRC at (225) 922-1435 or access these on the LLPVRC website at www.lrcboard.org).

RELEASES

I hereby give the LRC against whom I am making this complaint, permission to give the LLPVRC Ethics Committee all records of our interactions as client and licensed rehabilitation counselor and to answer all questions the Committee may ask concerning those interactions between the LRC and me.

I hereby give the LLPVRC Ethics Committee permission to send to the LRC against whom I am making this complaint, copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: _____

Date: _____