

**Addictive Disorder Regulatory Authority
(ADRA)
ETHICAL COMPLAINT REPORTING FORM**

For Internal Use:

Received: ____/____/____

Complaint #: _____

Subject: _____

License Type/#: _____

Expiration: ____/____/____

It is the policy of the ADRA to not accept anonymous complaints and/or correspondence. Only signed complaints will be given consideration.

In order to adequately and comprehensively address complaints, the ADRA must document events and develop conclusions based on fact. This often requires further clarification and conversation with the person bringing forward the complaint or concern.

DATE: _____

COMPLAINANT NAME: _____

COMPLAINANT TYPE: Individual ☐ Organization ☐

Name of Organization Representative

Title of Organization Representative

Position of Organization Representative

Address: _____

City, State: _____ Zip: _____

Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

E-mail Address: _____

SUBJECT NAME: _____

SUBJECT TYPE: Individual ☐ Organization ☐

Name of Organization Representative

Title of Organization Representative

Position of Organization Representative

Address: _____

City, State: _____ Zip: _____

Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

E-mail Address: _____

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ALLEGED VIOLATION

Please provide in comprehensive detail a written account of the complaint in the space provided.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PRINTED NAME: _____ **Date:** _____

Signature: _____