



# New Mexico Credentialing Board

Behavioral Health Professionals

## ETHICS COMPLAINT FORM

The New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) investigates ethics violations to uphold the integrity and quality of the professionals we oversee. The NMCBBHP strives to ensure that our members adhere to established ethical standards, which are crucial for maintaining public trust and safety.

This form is to be filled out by any person registering an ethics complaint with NMCBBHP. Please provide as much information as possible. Please be aware that the information you provide can be obtained by a court of law through legal processes such as subpoenas or search warrants if it is deemed relevant to a case. The form should be emailed to [info@nmcbbhp.org](mailto:info@nmcbbhp.org).

Date of Complaint: \_\_\_\_\_

### PART I

1. Name of person registering the complaint:

Last Name:

First Name:

Middle Initial:

Address

City

Cell:

Home Phone:

Business Phone:

Email Address:

2. Give the name of the certified professional or applicant against whom the complaint is being registered.

Last Name:

First Name:

Middle Initial:

Business Address

City

State

Phone Number:

Email Address:

3. Nature of complaint (Check each one that is appropriate)

- Improper professional practices
- Discriminatory practices
- Violation of the Code of Ethics
- Violation of applicable Federal or State Law
- Other:

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**Part II**

Please describe in as much detail as possible the facts, circumstances, situations and allegations concerning the complaint. Please submit any written materials, data or other documents which you believe to be relevant to your complaint. Please use additional paper if needed.

**Part III**

Please provide a timeline of events:

- A. On what date(s) did the alleged event occur?
  
- B. To your knowledge, is the alleged activity still occurring?

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**Part IV**

Please answer the following questions:

Do you know of others who have knowledge of the alleged conduct?  Yes  No

If yes, please provide the following:

Last Name:

First Name

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Address

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Cell Number

Phone

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Last Name:

First Name:

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Phone Number:

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Email Address:

**Part V**

- a) Did you inform to the individual against whom the complaint is filed about your concerns?  
 Yes  No

If yes, please provide the date you spoke with the individual.

Please provide a brief narrative of what you discussed and the response your received from the accused:

- b) Has the individual against whom this complaint is being filed given you any explanation for such alleged conduct?  Yes  No

If yes, please provide us with the explanation(s) offered:

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### Part VI

1. Have you discussed the complaint with a supervisor?  Yes  No If yes, what is the name of the supervisor and when did you report this to your supervisor?

2. Have you pursued resolution of your complaint through any internal grievance procedure of an institution of agency?

Yes  No

If yes, what is the status of your complaint and the name of the grievance procedure?

3. Have you commenced civil or administrative action or proceeding in the state or federal courts based on this complaint?  Yes  No If yes, what is the status?

4. Have you reported this incident to law enforcement or any other Federal, State or Local Government agency?

Yes  No

If yes, Name of the agency and address:

Date of filing:

If not, do you intend to file with another agency?  Yes  No If yes, name of agency and address:

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**Part VII**

I have completed this complaint form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, \_\_\_\_\_, swear that the information contained herewith is true and correct.

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