



## ETHICAL STANDARDS SUMMARY REPORT

This form is to be used as a cover sheet and summary when submitting an ethical complaint involving the conduct of individual(s) holding the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification.

The form must be signed by the complaining party which attests to the veracity of the complaint and the fact that this complaint will be shared with the respondent and understanding of the individual complainant's responsibilities and processes stated in the SCAADAC Ethical Enforcement Procedures.

### COMPLAINANT:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Contact Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

### RESPONDENT:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Contact Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

### SUMMARY OF COMPLAINT:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ETHICAL STANDARD REPORT**

Please complete report as comprehensively as possible. Mark “unsure,” “do not know” or “not applicable” when appropriate. In order for a complaint to be investigated a thorough report must be submitted. Thank you for your time and concern.

**DATE(S)/TIME PERIOD OF INCIDENT(S):** \_\_\_\_\_

**ETHICAL STANDARD(S) VIOLATED:** \_\_\_\_\_

**FACTS AND CIRCUMSTANCES PERTAINING TO VIOLATION:**

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**LIST ANY EVIDENCE SUPPORTING REPORT:**

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\_\_\_\_\_

\* Enclose any supporting evidence. The evidence may not be returned to you.

**Mail to: President of SCAADAC  
SCAADAC  
1215 Anthony Avenue  
Columbia, SC 29201**