

North Carolina Behavior Analyst Licensure Board

701 Exposition Place, Suite 206 • Raleigh, NC 27615
Phone 919-443-0093
www.ncbehavioranalystboard.org • admin@behavioranalystboard.org

Ethics Complaint Form

21 NCAC 05 .0601 COMPLAINT PROCEDURES

Any individual with personal knowledge that any person has violated the Code of Conduct, any other rules of this Chapter, or G.S. 90, Article 43, may file a complaint by submitting this form.

The complaint shall be in typed or handwritten format stating the nature of the alleged offense and signed by the complainant.

Complainant (Person filing complaint)			
Complainant First Name	Complainant Last Name		
Complainant Mailing Address			
City	State	Zip	
Daytime phone number	Cell phone number (if different from daytime phone number)		
Email address			
Respondent (Person complaint is about)			
Respondent First Name	Respondent Last Name		
Respondent Mailing Address			
City	State	Zip	
Statement of facts. This statement should describe the allegations in as much detail as possible. If additional space is needed, please include on additional pages.			

Please sign below to indicate that the information you ha	ive provided is true and accurate to the best	
of your knowledge. Signature	Date	
Submit this completed form and any additional supporting information to the Board office via US mail or email.		
Mailing Address: NC Behavior Analyst Licensure Board	Email: admin@ncbehavioranalystboard.org	
701 Exposition Place, Ste 206 Raleigh, NC 27615		