



NBCC Continuing Education Provider Services Department Complaint Statement About an NBCC Approved Continuing Education Provider (ACEP) or NBCC Single Program Provider

This complaint form is for program participants, another organization, or a government agency or authority seeking to report a complaint about an Approved Continuing Education Provider (ACEP) or an approved Single Program Provider to NBCC. The National Board for Certified Counselors (NBCC) requires the submission of a completed Complaint Statement in order to begin the review of a complaint.

Directions

1. This is a fillable PDF. Please download the file to your computer to complete the form providing detailed information. Make sure each section is completed. If the space provided is not sufficient, you may attach additional pages; please make sure any additional pages include your name and the date.
2. Attach supporting documentation. Supporting documentation must be copies in final form (e.g., actual documents as they were provided to you, printed versions of communications, computer screenshot of concern, etc.). You should not make any alterations to the submitted supporting documentation. If you need to clarify information provided in the supporting documentation, please write that information on this form.
3. Send the complete, original Complaint Statement and supporting documents to: continuinged@nbcc.org. Include COMPLAINT STATEMENT/CONFIDENTIAL in the subject line.

Note: All emailed documents should be submitted in PDF format.

Complaint Statement forms submitted to NBCC in accordance with the steps listed above will be acknowledged by the NBCC Continuing Education Provider Services Department at the contact information provided on the form. Please make sure that the contact information provided is current. Notify the Continuing Education Provider Department by email at continuinged@nbcc.org if your contact information changes.

Consistent with [NBCC Continuing Education Provider Policy](#) (Policy) requirements and departmental procedures, NBCC carefully considers all complaints related to continuing education providers (the Provider/organization) approved by NBCC. As such, all complaints are not resolved immediately.

For questions about the complaint review process, please contact the NBCC Continuing Education Provider Services Department at continuinged@nbcc.org.



NBCC Continuing Education Provider Complaint Statement Form

PART I – CONTACT INFORMATION

Complainant (individual submitting this form).

First and last name: _____ Professional credentials: _____

Title: _____ Email: _____ Telephone number: _____

Mailing address (including city and state): _____

Affiliated ACEP or Single Program Provider name and number (if applicable):

I give NBCC permission to contact me if determined necessary to address this complaint appropriately.

YES NO

PART II – COMPLAINT INFORMATION

Approved Continuing Education Provider (ACEP) Name:

ACEP number: _____

OR

Single Program Provider name:

Single Program Provider number: _____

Continuing Education Program title (if applicable): _____

Program date(s) (if applicable): _____

Program location (if applicable): _____

Program delivery type (if applicable): Live On-Demand Combined

Statement of the Facts

Provide a brief summary of the facts that the complainant believes support the issuance of an official complaint about the Provider to NBCC. This statement must include a clear explanation of the Provider's actions believed to be contrary to the [NBCC Continuing Education Provider Policy](#).

Related Actions

List all actions you have taken with respect to the identified complaint (if applicable).

Action Taken	Date of Action	Method of Communication	Detailed Description of Information

Documents for Consideration

List all supporting communication and report documents with respect to the identified complaint (if applicable). Attach all relevant supporting communication and report documents in PDF format.

Document Title	Document Relationship to the Complaint (i.e., explain how the document supports your complaint)

I give NBCC permission to disclose my name to the identified Provider if deemed necessary to address the complaint.

YES NO

PART III – ATTESTATION

By submitting this Complaint Statement about a continuing education provider approved by NBCC, I attest that the information provided is true and accurate, to the best of my knowledge.

I understand that NBCC may need to disclose information about me to fully address the concern. I attest that I was given the opportunity to give or decline consent for NBCC to use my name, as deemed necessary, to fully resolve the complaint (above). If I declined consent, I understand that my personal information submitted to NBCC concerning this complaint will be confidential and this may adversely impact the review and the outcome.

Lastly, I understand that the identified Provider may receive a copy of the complaint report, as well as other information that is submitted concerning the complaint. NBCC will inform the complainant of the review outcome, if possible.

Complainant's Signature

Date

