

**INDIANA-ABC  
CODE OF ETHICS VIOLATION INQUIRY FORM**

Please complete all areas below and return this form to the chairperson of the Ethics Committee. Names and information provided will be held in confidence, and will only be shared with the IN-ABC Executive Board in the event that an investigation is warranted. Forms may also be forwarded to APS, CPS, BDDS or Attorney General if deemed to be necessary.

Name of Behavior Consultant \_\_\_\_\_

Employer of Consultant \_\_\_\_\_

Describe in detail the alleged ethics violation, and please include names and dates. Please cite the specific IN-ABC Code of Ethics Article you feel was violated:

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If the alleged violation involved a client: Client Name(s) / Phone Numbers (If this section is completed, this form must be accompanied by a Client Consent Form)

Client Name \_\_\_\_\_ # \_\_\_\_\_

Client Name \_\_\_\_\_ # \_\_\_\_\_

Witness Name \_\_\_\_\_ # \_\_\_\_\_

Witness Name \_\_\_\_\_ # \_\_\_\_\_

Have you attempted to resolve this issue informally with the Behavioral Consultant named above? No \_\_\_ Yes \_\_\_

Is the Behavioral Consultant aware that an allegation is being filed? No \_\_\_ Yes \_\_\_

If a client was involved, has their case manager been notified of the alleged violation? No \_\_\_ Yes \_\_\_

Has an official incident report been filed with APS, BDDS, CPS, or Attorney General? No \_\_\_ Yes \_\_\_

If yes which agency(s) \_\_\_\_\_

What other action or reporting has occurred thus far?

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Contact Numbers \_\_\_\_\_

**Please scan and email or fax to the attention of: Mari Shawcroft, INABC Ethics Committee Chair  
mshawcro@stonebelt.org // tel: 812-333-6324 ext 190 // fax: 812-331-6700**