

# **Canons of Ethical Conduct Complaint Information and Form**

### Introduction

The purpose of the CBDCE certification program is to conduct certification activities in a manner that upholds standards for competent practice in diabetes education. In pursuing that purpose, the organization has created Canons of Ethical Conduct in relation to ethical and professional conduct for both certification candidates and certificants (aka Certified Diabetes Care and Education Specialist or CDCESs). The most recent version of the Canons, including the Rules and Procedures can be found at www.cbdce.org.

### Filing a Complaint

- 1. CBDCE does not accept oral or anonymous complaints.
- 2. The "complainant" is the person filing the complaint. The "CDCES or certification candidate" is the person the complaint is against.
- 3. Complaints must be submitted in writing using the designated form and under these guidelines:
  - a. Complete the form, including all required data, and provide a detailed explanation. Attach documentation as necessary to substantiate complaint.
  - b. Patient/Client confidentiality must be maintained when filing a complaint. Therefore, if a complaint is filed by someone other than a patient/client, identifying information must be redacted in any submitted documentation to maintain HIPAA or other confidentiality laws.
- 4. Complaints may be mailed or sent via facsimile to CBDCE using the information below: **Mail:**

CBDCE CEO - Confidential 1340 Remington Rd, Suite J Schaumburg, IL 60173

**Fax:** 847-228-8469 Attn: CEO - Confidential

### Process

Please read the full Canons of Ethical Conduct for details regarding the investigative and determination process. Note: Per Section R4.2., Formal Investigation: Should a formal investigation be conducted, the complainant's name is disclosed as part of the notification to the CDCES or certification candidate.

When an investigation has been completed and the Professional Discipline Committee has made its decision, it shall inform both the Complainant and the CDCES or certification candidate of its conclusions and the actions to be taken, if any, along with the bases for such actions.



## **Canons of Ethical Conduct Complaint Form**

This form is to be used when filing a complaint against a Certified Diabetes Care and Education Specialist (CDCES) or certification candidate for violating the CBDCE Canons of Ethical Conduct. Please fill out the form completely and attach any supporting documentation. Submit the completed form and supporting documentation via mail or facsimile as outlined on the previous page.

#### **Complaint Contact Information**

First Name:	Last Name:
Preferred Salutation, e.g., Mr. Mrs., Dr.:	
Mailing Address:	
City, State and Zip Code:	
Phone Number, with area code:	
Email Address:	
CDCES or Certification Candidate Co	ntact Information _Last Name:
Certification status - check one: CDC	ES Certification Candidate
Name of <b>Employer</b> of CDCES or Certifi	cation Candidate:
Phone Number of <b>Employer</b> of CDCES	or Certification Candidate, with area code:
Email Address of <b>Employer</b> :	
	ion Candidate
City, State and Zip Code:	
Mailing Address - check one: Work	
Complaint Details	
1. Did you (check one): Observe the conduct first hand	
Hear about the conduct from o	thers
Other (describe how you becar	ne aware of the conduct):

2. Have you taken any previous steps with respect to the alleged unethical or unprofessional conduct, e.g., notified an employer, state licensing body or law enforcement?

Check one: Yes \_\_\_\_ No \_\_\_\_

### Form continued on following page

## **Complaint Form** (continued)

3. If you answered yes to the above, identify the steps, agency/entity notified, and the results of any steps taken. Attach a separate page if necessary.

Step:
Agency/Entity:
Result:
Step:
Agency/Entity:
Result:
Step:
Agency/Entity:
Result:

4. Provide a detailed description of the unethical and/or unprofessional conduct that serves as the basis for our complaint. Be sure to include the date(s) of the alleged conduct and other facts pertinent to the complaint such as who, what, where, when, etc. If you have supporting documentation, attach it to this form.

### Complaint Form (continued)

- 5. Are you/have you attached additional documentation? Check one: Yes No
- 6. If "yes" to #5 above, does the documentation contain confidential information protected by HIPAA or other confidentiality law? Check one: Yes No
- 7. If "yes" to #6 above, you MUST redact all confidential, identifying information prior to submission. You must attest below that you have taken this step.

#### Other Individuals to Contact

Provide the name and contact information of any other person who may have information relevant to the
complaint. CBDCE may contact these persons as part of the investigation. Please attached additional
pages if necessary.

Name:
Email Address:
Phone Number, with area code:
Mailing Address:
City, State, Zip Code:
Relationship to the CDCES or Certification Candidate:
Name:
Email Address:
Phone Number, with area code:
Mailing Address:
City, State, Zip Code:
Relationship to the CDCES or Certification Candidate:
Name:
Email Address:
Phone Number, with area code:
Mailing Address:
City, State, Zip Code:
Relationship to the CDCES or Certification Candidate:

Thank you for submitting this complaint. CBDCE relies to a large degree on individuals to report allegations of unethical and/or unprofessional conduct.

Your complaint will be treated with confidentiality, though as noted in the Rules and Procedures Regarding the Canons of Ethical Conduct, R5.2 Formal Investigation, the CDCES or certification candidate will receive your name as part of the notification process should a formal investigation take place. You will receive written notice of the CBDCE's decision once final determination has been made.

If you have any questions, please do not hesitate to contact the national office and ask to speak to CBDCE's CEO.

\_\_\_\_\_ initials I attest that I have redacted all confidential identifying information in the form/documentation submitted.