



Fair Care Promise Ethics Complaint Form

Each help channel at intervention.com (IDC) adheres to an ethical pledge and standards of care including: never brokering a client or selling a referral. From this starting spot, we have crafted a group of regional help-providers for whom personal and organizational ethics are a shared imperative.

This document will help you understand what the Promise means, why it was crafted and how you might identify a provider deficit.

Anyone may file an ethics complaint. Typically, complaints are submitted by clients, former clients, co-workers, and treatment facilities. The person filing the complaint should have first hand knowledge of the incident or allegations. Only individuals and organizations who are Fair Care Promise providers are covered by the FCP Code of Ethics. If you are considering filing a complaint, you are encouraged to use a complaint form. A blank complaint form is available on this website. Complaints will be accepted in any form as long as they are in writing.

The Ethics Board will reject all verbal or anonymous complaints.

Fair Care Promise:

We stand together in the notion that safe, ethical standards of care are a universal right. Fair Care Promise providers deliver services free from unfair, unethical practices such as patient brokering or human trafficking. The Fair Care Promise is a sacred pledge to a higher calling that sets the standard in behavioral healthcare.

PART I

Name of person registering complaint:

Full Name

Street Address

City State Zip

Primary Phone # and Email

2. Give the name of the addiction professional, treatment facility, or other Fair Care Promise entity against whom the complaint is being registered:

Full Name

Street Address

City State Zip

Primary Phone # and Email

3. What is the credential held by certified addiction professional, if known:

4. Nature of complaint (check all that apply):

Improper treatment practices

Discriminatory practices

Violation(s) of the FCP Code of Ethical Conduct

Violation(s) of applicable Federal or State Law

PART II

Please provide specific facts, circumstances, situations and allegations concerning the complaint. Submit any written materials, data, or other documents that you think would be relevant to your complaint with this form.

PART III

In order to determine if you have registered a complaint in a timely manner, the following information is requested:

a. On what date(s) did the action or complaint occur? _____

b. When were you first aware of the matter about which you are complaining? _____

PART IV

If you know of others who have knowledge of the alleged conduct, and you have permission to provide us with their contact information, please do so here:

Full Name

Address

City State Zip

Primary Phone # and Email

Full Name

Address

City State Zip

Primary Phone # and Email

Has the person against whom the complaint is being filed given you any explanation for such alleged conduct? If yes, please state all such explanations:

How do you view the explanation(s) given to you?

PART V

Have you filed this complaint with any Federal, State or Local government agency? If yes, please list the name of the agency and date filed:

Agency Name

Agency Contact Name

Address

City State Zip

Primary Phone # and Email

Have you pursued resolution of your complaint through the internal grievance procedures of the alleged institution or agency? If yes, what is the status of your complaint?

PART VI

I understand that the person against whom this complaint is being registered shall be informed of this formal complaint process and shall be given the opportunity to submit rebuttal information and/or materials concerning the complaint.

I have filled out the FCP Complaint Form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, (print name) _____ hereby confirm that the information contained herein is true and correct according to my personal interaction with those names in this complaint.

Signature

Date

Please make a copy of this entire document for your records and mail the original document, along with any attachments, to:

Change Inc
Attn: FCP Ethical Complaint Form
27 W. 20th ST #405
New York, NY 10011