

**INTERNATIONAL RECOVERY COACH CERTIFICATION BOARD (IRWCCB)**

**CERTIFIED RECOVERY AND WELLNESS COACH COMPLAINT FORM**

This form is to be filled out by any person registering a complaint with the IRWCCB concerning a Certified Recovery and Wellness Coach or a person applying for certification.

**Part I**

1. Name of person registering complaint (Mr./ Mrs / Ms.):

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County / Region

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Telephone Home Business

2. Give the name of the Certified Recovery and Wellness Coach or applicant against whom the complaint is being registered:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City

\_\_\_\_\_  
County / Region

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Telephone

3. Nature of complaint (Check each one that is appropriate)

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\_\_\_\_\_Improper treatment practices

\_\_\_\_\_Discriminatory practices

\_\_\_\_\_ Violation of the Connecticut IRWCCB Professional Code of Ethics

\_\_\_\_\_ Violation of applicable Law

## Part II

Please describe in as specific detail as possible the facts, circumstances, situation, and allegations concerning the complaint.

[illegible]

Submit any written materials, data, or other documents which you think are relevant to your complaint.

### Part III

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

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a. On what date(s) did the action complained of occur? \_\_\_\_\_

b. When were you first aware of the matter about which you are complaining? What is the most recent date of which you know of the alleged conduct prompting the complaint?

## **Part IV**

Please answer the following questions: Do you know of others who have knowledge of the alleged conduct? [ ]Yes [ ]No

Please provide the following information about them:

\_\_\_\_\_  
**Last name First Middle**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County / Region

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Phone

\_\_\_\_\_  
**Last name First Middle**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County / Region

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Phone

a. Has the person against whom the complaint is being filed given you any explanation for such alleged conduct? [ ]Yes [ ]No

If yes, please state all such explanations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How do you view the explanations given to you? \_\_\_\_\_

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## **Part V**

1. Have you filed this complaint with any other Organisation or Local Government agency?

☐ Yes ☐ No If yes, name of agency and address:

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Date of filing: \_\_\_\_\_

If not, do you intend to file with another agency? ☐ Yes ☐ No If yes, name of agency and address:

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2. Have you pursued resolution of your complaint through any internal grievance procedures of an institution or agency? ☐ Yes ☐ No

If yes, what is the status of your complaint and the name of the grievance procedure?

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3. Have you commenced civil or administrative action or proceeding in the courts based on this complaint? ☐ Yes ☐ No

If yes, what is the status of the action or proceeding? \_\_\_\_\_

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## **Part VI**

In the event IRWCCB is unable to locate you to discuss this complaint, please provide the following information concerning a person who knows where to contact you:

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Last name First Middle

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Address

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City

County / Region

Postcode

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Telephone: \_\_\_\_\_

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

I have filled out this Recovery and Wellness Coach Formal 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, \_\_\_\_\_, swear that the information contained herein enclosed herewith is true and correct.

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Signature

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Date