

COMPLAINT FORM

**ALLEGING VIOLATION(S) OF THE
CODE OF ETHICS
FOR
INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANTS**

INSTRUCTIONS: To initiate a complaint, please complete this form answering *every* question in *each* section. If information is unknown, state “unknown.” Make a copy of this form for your records and then send the signed original with accompanying documentation to:

Chairman, Ethics & Discipline Committee
International Board of Lactation Consultant Examiners
7245 Arlington Boulevard, Suite 200
Falls Church, Virginia 22042-3217
USA

*A copy of this signed complaint and any supporting documents will
be forwarded to the Respondent (the person about whom a complaint is being filed).*

SECTION I

THE COMPLAINANT (the person making the complaint)

(If more space is needed, use additional numbered pages, stating section and question number.)

Complainant’s full name: _____

Home mailing address: _____

Home phone number: _____ Fax: _____

Job position/title: _____

Business mailing address: _____

Business phone number: _____ Fax: _____

Email: _____

Are/were you a client of the Respondent (the person about whom the complaint is filed)?

Yes _____ No _____ (check one)

Are you an International Board Certified Lactation Consultant?

Yes _____ No _____ (check one)

Are you a licensed/registered health care provider?

Yes _____ No _____ (check one)

If you answered "yes" to the immediately preceding question, please list your qualifications:

SECTION II

THE RESPONDENT (the person about whom the complaint is being made)

(If more space is needed, use additional numbered pages, stating section and question number.)

Respondent's full name: _____

Home mailing address: _____

Home phone number: _____ Fax: _____

Job position/title: _____

Business address: _____

Business phone number: _____ Fax: _____

Email address: _____

SECTION III

DETAILS OF THE COMPLAINT

(If more space is needed, use additional numbered pages, stating section and question number.)

Event #1:

Date: _____

Place: _____

Specific section(s) of the Code of Ethics for International Board Certified Lactation Consultants allegedly violated (refer to enclosed pamphlet outlining Code of Ethics) : _____

Facts and circumstances: _____

Event #2:

Date: _____

Place: _____

Specific section(s) of the Code of Ethics for International Board Certified Lactation Consultants allegedly violated (refer to enclosed pamphlet outlining Code of Ethics) : _____

Facts and circumstances: _____

List the names, addresses, daytime telephone numbers and email addresses, if known, of all persons who have *definite* knowledge of the alleged violation(s):

a) Name: _____

Address: _____

Phone number: _____ Email: _____

b) Name: _____

Address: _____

Phone number: _____ Email: _____

c) Name: _____

Address: _____

Phone number: _____ Email: _____

d) Name: _____

Address: _____

Phone number: _____ Email: _____

List names, addresses and the daytime telephone numbers and email addresses, if known, of persons who *may have* knowledge of the alleged violation(s).

a) Name: _____

Address: _____

Phone number: _____ Email: _____

b) Name: _____

Address: _____

Phone number: _____ Email: _____

c) Name: _____

Address: _____

Phone number: _____ Email: _____

d) Name: _____

Address: _____

Phone number: _____ Email: _____

Has this complaint been referred to a court of law?

Yes _____ No ____ (check one)

If you answered “yes” to the immediately preceding question, is a decision pending?

Yes _____ No ____ (check one)

If a decision has been reached, please give details of the outcome:

Has this complaint been referred to a state or provincial licensing board?

Yes _____ No ____ (check one)

Name of Board: _____

If you answered “yes” to the immediately preceding question, is a decision still pending?

Yes _____ No ____ (check one)

If the state or provincial licensing board has reached a decision, please give details of the outcome:

SECTION V

I agree to cooperate fully with the International Board of Lactation Consultant Examiners and to abide by its procedures in relation to this complaint. I hereby: (1) knowingly and intentionally waive my right(s) to confidentiality in relation to any and all documents, records, written statements or oral testimony given by any party regarding the subject matter of this complaint and/or the facts underlying this complaint; (2) warrant, covenant and represent that I have submitted with this complaint all documents, records and written testimony in any way related to the subject matter of this complaint which are in my possession or under my control, including all medical records from all medical care providers which I am qualified to release in relation to any infant(s) or child(ren) or to myself; and (3) authorize and direct the Respondent to release and submit to the IBLCE Ethics and Discipline Committee and the IBLCE Executive Committee, as appropriate, all documents, records and written testimony in any way related to the subject matter of this complaint which are in the Respondent's possession or under the Respondent's control, including all medical records which I am qualified to release in relation to any infant(s) or child(ren) or to myself. I further swear or affirm that the information submitted in and with this form is true and correct to the best of my knowledge and belief.

Date: _____

Complainant's signature