

**Council for Accreditation of Counseling and Related Educational Programs**

500 Montgomery Street, Suite 350 • Alexandria, VA 22314 • (703) 535-5990 • www.cacrep.org

COMPLAINT FORM

**Complainant Name:**

**Complainant Address:**

**Complainant Email:**

**Telephone Number:**

**Date:**

1. **Standard of Review**

This complaint is being filed on the allegation of noncompliance with CACREP accreditation Standards, Policies, procedures and/or Codes of Conduct by:

(Check all that applies)

* A currently CACREP-accredited Program – **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An active accreditation Applicant Program – **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CACREP Site Team
* CACREP Site Team member – **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CACREP Board Directors
* Individual CACREP Board Director– **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CACREP staff
* Individual CACREP staff member – **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Statement of the relationship of complainant to the subject of the complaint.**
2. **For complaints against a program:**

**Describe the actions forming the basis of the for complaint that directly relate to identified CACREP Standards, Policies or procedures and include supporting documentation.**

**For complaints against CACREP Site Team, Board of Directors, and Staff:**

**Describe the instances of subjectivity, unfair treatment or other concerns that directly relate to identified CACREP Standards, Policies or procedures and/or Codes of Conduct and other requirements and include supporting documentation.**

1. **For complaints against a program: Describe and include evidence of efforts to resolve the complaint through the program’s or institution’s internal grievance process or indicate reasons that such efforts would not be productive.**
2. **Release to forward complaint to the identified party**

I authorize CACREP to forward a copy of the complaint to the identified party of the complaint (program or individual named).

**Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certification**

I certify that the information contained on this complaint is true and correct, and I understand that, by electronically typing my name in this document, it is considered to have the same legally binding effect as signing my signature using pen and paper.

**Complainant Signature:**

Submit complaints about applicant or accredited programs, CACREP Site team members, and/or CACREP Staff to: **president@cacrep.org**

Submit complaints about CACREP President & CEO, CACREP Board, and/or an individual CACREP Board member to: c**hair@cacrep.org**