# Association for Clinical Pastoral Educationpasted-image.tiff

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# Association of Professional Chaplains

**Ethics Complaint RESPONSE Form**

**I. GENERAL INFORMATION**

**ACPE/APC Member Responding (“Respondent”)**

**Name:**

**Email:**

**Member of ACPE** **and/or APC**

**Institutional Affiliation/Title/Position/Address:**

**Phone Numbers:**

**(work) (home)**   **(cell)**

***Preferred number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred*** ***Times of day:***

***Instructions for leaving messages:***

**II. COMPLAINT INFORMATION: *Please read the Complaint Form and any attachments before completing the remainder of the questions. (II. A-C please answer only on this form)***

**A. In what context do you know the complainant?**

**B. If the person filing the complaint is not the person against whom violation(s) are alleged, what is your relationship with the person(s) allegedly violated?**

**C. Are these or similar allegations reported or addressed in any other forum? Please provide contact information for any forum checked.**

**Civil, administrative or criminal court**

**A professional licensing or certifying organization**

**Endorsing Faith Group (specify)**

**Other professional association**

**An employment entity**

**Other (specify)**

***Note: Concise information limited to five additional pages only will be considered at this phase for questions D, E, F, & G. If the case proceeds to an investigation, you will have further opportunity to provide evidence (emails, conversations, photos, records, evaluations, etc.) as well as contact information for up to 7 people with knowledge of the situation described.***

**D. Describe from your perspective the incident(s) alleged in the Complaint @II. D. Give relevant information about the situation at the time it was alleged to occur.**

**E.1. If you deny any incident(s) occurred simply state, “I deny.”**

**E.2. If you acknowledge an incident occurred but you differ with the complainant’s view, state the difference(s) and how the incident(s) does not violate Standards cited at Complaint II. E.**

**E.3**. **If you acknowledge that the incident(s) alleged occurred as recited in the complaint, explain how the incident(s) does not violate the specific ACPE/APC Standards cited at Complaint II. E.**

[www.acpe.edu](http://www.acpe.edu) **(Resources/ Standards&Manuals/Information on Filing a Complaint/Code of Ethics)** [www.professionalchaplains.org](http://www.professionalchaplains.org) **(Professional Standards/Professional Ethics). Refer to your association Standards. For navigational assistance, call Executive Director at ACPE 404.320.1472x6217 or APC: 847.240.1015**

**F. Describe any efforts made to resolve this complaint or to address the conduct alleged in the complaint. Give the forum, dates, participants.**

**G. Identify what action or remedy you hope from the ACPE/APC Ethics process.** **(note: monetary awards, reimbursements, settlements or any other financial action is not available from this process or association.)**

**III. CONSENT AND RESPONSE INSTRUCTIONS: Please sign and date the following statement: Mindful of my commitment as a member of ACPE and/or APC to participate with integrity in any process of the Association for accountability to its Ethics Code and to accept the Standards and judgments of the Association, I acknowledge that the information provided in this response is accurate to the best of my knowledge. I consent to the release of information I provide and information obtained by ACPE/APC in the course of its investigation to the Complainant at the discretion of ACPE/APC and the people authorized by ACPE/APC. I recognize I will have access to information gathered in this process only at the discretion of ACPE/APC and according to the *Ethics Processes.* I will cooperate fully with the process as described in the *Ethics Procedures.*** [www.acpe.edu](http://www.acpe.edu) **(Resources/ Standards&Manuals/Information on Filing a Complaint)**

**Signed Date**

***Thank you for your careful attention to this process. Please limit your description (D-G) to 5 or fewer pages. Send these materials marked “Confidential,” to:***

**Chief Executive Officer, Association of Professional Chaplains, Inc.**

**2800 W. Higgins Road, Suite 295, Hoffman Estates, IL 60169**

**or**

**Executive Director, Association for Clinical Pastoral Education**

**One West Court Square, Suite 325, Decatur, GA 30030**