



RESPONDENT FORM

This form is to be used by a certified professional to respond to a complaint filed against him or her. Please fill out the form completely.

Definitions:

Complainant: Person/Entity filing

Complaint Respondent: Certified Professional complaint is regarding the New York Certification Association's investigation

Code of Ethics: The NYCA's Code of Ethics

Respondent Contact Information

Name: _____

Home Address: _____

City/State/Zip: _____ (_____) _____

Work #: _____

Home #: (_____) _____

E-mail Address: _____

Employer Contact Information

Name: _____ Office

Address: _____ City/State/Zip:

_____ Telephone #: (_____) _____

E-mail Address: _____

List any persons who might have information pertinent to your response. Attach additional sheets as necessary.

Name: _____
Relationship to Respondent: _____

Home Address: _____

City/State/Zip: _____

Work #: (_____) _____

Home #: (_____) _____

E-mail Address: _____

Name: _____
Relationship to Respondent: _____

Home Address: _____

City/State/Zip: _____

Work #: (_____) _____

Home #: (_____) _____

E-mail Address: _____

Signature: _____ Date: _____

Please attach a thorough description of your conduct during the time of the alleged misconduct which is the basis of the complaint and any supporting documentation.

Send completed form and any relevant documents to:

Ethics Investigations Officer
New York Certification Association
1732 First Avenue, #22875
New York, NY 10128

In investigating complaints, the NYCA sometimes needs access to confidential records. If you are aware of the existence of any confidential records which may support this claim, please have them forwarded certified and labeled "CONFIDENTIAL" to the NYCA's Director of Certification.