



California Consortium of
Addiction Programs and
Professionals

2400 Marconi Ave.
Sacramento, CA 95821

E-Mail: ethicscomplaint@ccapp.us
F (916) 338-9468

Complaint Form:

Please include the following information when submitting a complaint for an alleged ethical violation of a CCAPP counselor. All other counselors will need to be reported to DHCS directly.

Your Name: _____

Your Address: _____

Your Phone Number: _____

Name of the Counselor: _____

Counselor contact information (if any): _____

Date the incident occurred: _____

Place violation occurred: _____

Any witnesses to the incident: _____

Describe the alleged violation (attach a separate page if needed):
