



AANLCP Complaint Form

The American Association of Nurse Life Care Planners (AANLCP) supplies this form for individuals (Complainants) who wish to submit a complaint against a professional who is a member, in good standing, with AANLCP. This complaint form is an official form and must be completed in its entirety, signed, and submitted to the AANLCP Executive Board along with suitable documentation in support of this complaint.

Submissions can be submitted in one of two ways:

VIA ELECTRONIC SUBMISSION, please email to:

president@aanlcp.org and info@aanlcp.org

OR

VIA AUTO FORM/LINK:

Automatically forwarded to the President

In order to fully understand AANLCP's professional standards as well as procedures, AANLCP recommends that complainants review the AANLCP Code of Ethics and Conduct housed in the AANLCP website: [AANLCP Code of Ethics and Conduct – AANLCP](#) prior to processing this form.

SECTION I COMPLAINANT INFORMATION

Name (hereinafter referred to as "Complainant"): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone Number: _____ Email: _____

SECTION II COMPLAINEE INFORMATION

Name of Individual AANLCP Member (hereinafter referred to as "Complainee"): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone Number: _____ Email: _____

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SECTION III ADDITIONAL QUESTIONS

Please answer the following questions:

	YES	NO	NA
If you are a client, you are encouraged to use the grievance process available at the agency or institution from which you are receiving services, have you done so?			
If you are a professional colleague, you are encouraged to discuss this situation with the appropriate section leadership, have you done so?			
Have you filed formal complaints with other organizations?			

If you answered yes to any of the questions above, please indicate below where else this complaint has been filed. If you check one or more of the items below, please attach appropriate documentation as well as status of complaint(s) to this form before submitting

	Date Filed	State, University, Jurisdiction, Organization
State Licensing Board		
National Certification Board		
Professional Organization		
Civil Law Suit (e.g. malpractice)		
Administrative appeal or Grievance		
University Grievance Committee		

SECTION IV COMPLAINT SPECIFICS

Cite specific standards of the applicable code that are alleged to have been violated:

Cite the nature of the complaint, include specific dates, times, locations, events, etc. (*supplemental information must be signed and dated*):

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SECTION V SUPPLEMENTAL DOCUMENTATION

List and attach supporting documentation to substantiate allegations; signed statements, invoices, payments, corroborating information from other sources, etc.). Lack of accompanying information will alert AANLCP that this complaint is not complete.

SECTION VI STATEMENT OF UNDERSTANDING/RELEASES, SIGNATURE

1. By signing this form, I affirm that the allegations within this complaint and any accompanying information are based upon my personal knowledge and are correct to the best of my knowledge. I further affirm that I have submitted any and all information I believe relate to the allegations within the complaint. Further that documentation containing confidential or personal information about individuals not party to the complaint have been redacted or are accompanied by a written release of information. I understand and agree that all information and materials provided by me in connection to this complaint may be used as evidence by the SCRB.
2. By signing this form, I acknowledge that all information, including a copy of this complaint form, any accompanying letters of complaint and supporting documentation will be submitted to the SCRB and the complaine (in the event the complaint is accepted for adjudication).
3. By signing this form, I acknowledge that I must treat all information as confidential, and that the AANLCP SCRB will keep all information it receives strictly confidential, except if it discloses the information to its attorneys, the complaine or the complainant, or is required by law, regulation or court order to disclose the information.
4. By signing, I acknowledge that I have read the AANLCP Code of Ethics and AANLCP Code of Conduct as applicable as well as the guidelines for processing complaints contained therein and I understand that these documents will be followed to process this complaint.
5. By signing, I hereby grant permission to AANLCP SCRB to release all records of interactions between me and the SCRB and to answer all questions asked regarding any interactions pertaining to this complaint. Thus, the entire contents of this file, including documents from others, may become part of the evidence.

Signature

Date