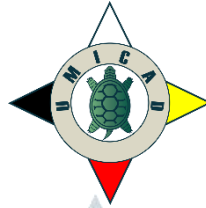


UPPER MIDWEST INDIAN COUNCIL ON ADDICTIVE DISORDERS BOARD



COMPLAINT FORM

This form is used to file a complaint against an Upper Midwest Indian Council on Addictive Disorders Board (UMICAD) Certified Alcohol and Drug Counselor (ADC I, ADC II, or ADC III.) **Please complete both pages of this form; and attach additional sheets as necessary**

COMPLAINANT	COUNSELOR
Name:	Name:
Address:	Address:
City:	City:
State/Zip Code:	State/Zip Code:
Telephone:	Telephone:
EMAIL:	EMAIL:
	Employer:

Describe the conduct, which is the basis of your complaint. Please include the dates the conduct occurred and any other facts pertinent to the investigation of your complaint. Please provide as much concise detail as possible. (please attach separate sheet if needed.)

Please send to:
UMICAD
PO BOX 1130
Bemidji, MN 56619

OR
Fax to: 218-319-8468

OR
E-mail to:
info@umicad.com
or Ashley.mckenzie@nwicdc.org

