

Upper Midwest Indian Council on Addictive Disorders

Response Form

This form is used by a Certified Alcohol and Drug Counselor (ADC I, ADC II, or ADC III.) Prevention Specialist, or Peer Recovery Coach. LADCs can fill these out also if complaint is about someone holding one of the aforementioned certifications.

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

(Note: Attached you will find a copy of the complaint filed against you)

Describe your conduct during the time of the alleged misconduct, which is the basis of the complaint. List person(s) who might have information pertinent to this complaint (Attach additional pages if necessary).

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

Your Signature

Date

Note: During an investigation of a complaint, the UMICAD may need access to confidential records. If you are aware of the existence of any confidential records, which may support this complaint, please forward them to Executive Director-Investigations at the UMICAD office. In some instances, this may require your obtaining and signing an AUTHORIZATION for the RELEASE of INFORMATION FORM.

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@nwidc.org