

BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

**TYPE 2 CONTINUING EDUCATION EVENT
STANDARDS COMPLAINT FORM**

NAME AND BACB ACE PROVIDER NUMBER OF EVENT PROVIDER:

_____ # _____

NAME AND BACB CERTIFICANT NUMBER OF PARTICIPANT LODGING COMPLAINT:

_____ # _____

PARTICIPANT PHONE: work (____)____-____x____ home (____)____-_____

PARTICIPANT EMAIL: IMPORTANT

TITLE OF EVENT: _____

EVENT NUMBER: _____ - NUMBER OF Type 2 CE UNITS: _____

DATE/LOCATION OF EVENT: _____

INSTRUCTOR NAME(s): _____

I. STANDARD(S) VIOLATED: Check the Type 2 CE Event Standard(s) below that you believe were violated and provide a description of the nature of the alleged violation in as much detail as necessary for the BACB to investigate, should it be necessary to do so.

- NONE OF THE EVENT INSTRUCTORS MET THE ACE INSTRUCTOR CRITERIA
- EVENT DID NOT COVER BEHAVIOR ANALYSIS PRACTICE, THEORY OR METHODOLOGY
- EVENT DID NOT FURTHER OR MAINTAIN THE SKILLS OR KNOWLEDGE OF PARTICIPANTS
- NO LEARNING OBJECTIVES FOR PARTICIPANTS WERE PROVIDED
- EVENT DID NOT PROVIDE AT LEAST 50 MINUTES OF INSTRUCTION PER TYPE 2 CE UNIT
- EVENT WAS NOT OF SUFFICIENT DURATION TO ACCOMPLISH STATED LEARNING OBJECTIVES
- THERE WAS NO PROCEDURE TO ENSURE PARTICIPANTS WERE PRESENT FOR ENTIRE EVENT
- EVENT/INSTRUCTOR DID NOT ADHERE TO BACB GUIDELINES FOR RESPONSIBLE CONDUCT

II. DESCRIPTION OF YOUR ATTEMPTS TO RESOLVE PROBLEM DIRECTLY WITH THE PROVIDER:

III. DESCRIPTION OF ALLEGED VIOLATION(S):

IV. AFFIRMATION: COMPLAINING PARTY MUST SIGN THE FOLLOWING:

By signing below, I affirm and represent that the information provided in this complaint is true and accurate. understand that the BACB does not warrant or guarantee the quality of events offered by BACB ACE Providers, and I agree to hold the BACB harmless for any action or decision relating to this complaint, the ACE Provider, and/or the Type 2 CE event that is the subject of this complaint. I request that the BACB review this complaint, but understand that the BACB is under no obligation to take action or remedy my complaint. I understand and agree that the BACB may provide a copy of this complaint as may be needed or required in order to investigate this complaint and/or respond to inquiries.

AGREED:

Signed Name

Date

Printed Name and Title

Return this completed form and any supporting documentation to ACE@bacb.com.