



Type 2 Continuing Education Event Standards Complaint Form

Name and BACB ACE Provider Number of Event Provider:

_____ # _____

Name and BACB Certificant Number of Participating Lodging Complaint:

_____ # _____

Participant Phone: _____

Participant Email: _____

Title of Event: _____

Event Number: _____ Number of Type 2 CE Units: _____

Date/Location of Event: _____

Instructor Name(s): _____

I. Standards(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. I 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 I 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.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).

Return this completed form and any supporting documentation to the BACB Contact Us Page.