



Council for Homeopathic Certification
Professional Ethics Complaint

Date:

Please provide the following information about yourself :

Name:

Phone 1:

Phone 2:

Address:

Please provide the following information to answer this question: Who (individual/agency/organization) do you believe committed a professional ethics violation?

Name:

Name of practice:

Phone:

Address:

Email:

Have you attempted to contact the practitioner concerning your complaint? If yes, please detail the practitioner's response to the complaint?

Briefly describe the nature of your complaint in a clear and concise complaint letter. Please include facts, reports, dates, court documents, legal documents, medical documents or other documents that will support your complaint.

Please submit this form and the complaint letter to:

Council for Homeopathic Certification
chcinfo@homeopathicdirectory.com
PO Box 75, Chartley, MA 02712
(866) 242-3399