

## **New York State Peer Worker Certification Program in HIV, HCV and Harm Reduction Complaint Form / Report of Misconduct**

**Directions for Filing a Complaint:** Individuals who are considering filing a Complaint / Report of Misconduct against a Certified Peer Worker in HIV, HCV or Harm Reduction (or an applicant seeking certification) should carefully review the directions outlined below.

**NYS Peer Worker Certification Code of Ethics:** NYS Certified Peer Workers in HIV, HCV or Harm Reduction . non-certified individuals employed as an HIV, HCV or Harm Reduction Peer Worker; or, individuals who are engaged in Peer Worker training or Practicum leading toward certification. If a Certified Peer Worker violates the Code of Ethics, a complaint may be filed with the Peer Worker Certification Review Board. The NYS Peer Worker Certification Code of Ethics is available to the public at [www.hivtrainingny.org](http://www.hivtrainingny.org).

**Who can file a complaint?** Complaints may be filed by:

- clients/ patients of the peer worker
- co-workers of the peer worker
- peer worker's supervisor or Program Director
- any person who directly observed the incident/ misconduct including another provider, any member of the general public or family/friend of a client of the peer worker
- any person who becomes aware, directly or indirectly, of a violation of the peer worker code of ethics by a covered individual as described above
- **Anonymous complaints are not accepted. To file a complaint, you must include your name and contact information.**

**What is the timeline for filing a complaint?** Complaints must be submitted within one year of the misconduct.

**Where do I submit the Compliant Form?** Complete the attached Complaint Form and return it to:

Center for Public Health Education/Stony Brook University  
Research and Development Park - Building 17, Rm 120  
Stony Brook, NY 11794-6018  
Attention: Peer Review Board

**What will happen to your complaint?** The Complaints and Disciplinary Action Subcommittee of the NYS Peer Worker Certification Review Board will conduct an initial review of all complaints received and determine whether the complaint should advance to an Independent Investigator for further action. Should investigative action occur, the Investigator will interview the person filing the complaint, provide the written complaint to the accused Peer Worker, and interview any individuals necessary to prepare a Report of Findings for review by the board. Action may include dismissing the complaint, disciplining the Certified Peer Worker, referral to law enforcement or other authorities and possibly loss of certification. Those in the application process may face the

above and/or suspension or expulsion from the program.

## New York State Peer Worker Certification Program Complaint Form

### Information about Person Filing the Complaint

Name	
Address	
Phone	
Email	

### Information about the Peer Worker against Whom the Complaint is Being Filed

Name	
Agency	
Agency Address	
Phone	
Email (if available)	

### Nature of the relationship between the person filing the complaint and the Peer Worker

Check One:

- Client / patient
- Co-worker
- Peer Worker's Supervisor or Program Director
- Provider
- General public or family/ friend of a client/patient of the Peer Worker
- Other (Please describe in the box below).

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### Information about the Complaint

On what date did the incident or misconduct begin? (Complaints must be filed within one year of the misconduct).	
Was the misconduct a one-time incident or was it repeated?	<input type="checkbox"/> One time <input type="checkbox"/> Repeated  If repeated, indicate number of times and dates to the extent possible:
Is the misconduct currently taking place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the incident/ misconduct in as much details as possible. Include specifics such as what, when, where, who, why, what was said, nature of Peer Worker's behavior and actions, harm caused to the individual(s), other impact of the Peer Worker's action on the individual(s), etc. Attach any additional available documentation to support the allegation.	

### Information about other actions you have taken or will take regarding this complaint

Describe any other actions you have taken or plan to take to report this complaint to the Peer Worker, his or her supervisor, agency, other authority, law enforcement, etc. Include name of authority, dates filed, etc.
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Has the Peer Worker, agency or other authority taken any action on your complaint or are you awaiting action of any other authority in response to your complaint? If yes, please describe.

I understand that the person against whom this complaint is being filed will be fully informed about the complaint, the details included in the complaint and will be given a copy of this complaint form to allow the individual to respond to this complaint.

I have completed this complaint form to the best of my knowledge and am willing to participate in a full investigation of the complaint.

By signing below, I swear that all information, statements and details contained in this complaint are true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***If you have questions regarding the filing of a complaint, please contact Stephen Sebor at the Center for Public Health Education, Stony Brook University at 631-444-3209.***