

Peer Worker Complaint Response Form
New York State Peer Worker Certification Program in HIV, HCV, and Harm Reduction

Directions:

If you are receiving this form, a complaint has been filed against you claiming that you engaged in some form of violation or misconduct related to the Peer Worker Code of Ethics. You have a right to review the complaint that has been filed and you have a right to respond to the claim. After reviewing the complaint, you may submit a written response using this form. Your responses to this complainant will be carefully considered by the Review Board during the investigation process.

Name of Peer Worker:

Response to Complaint:

What is your reaction to this complaint?

Do you agree with or deny any of the details of the complaint?

Are there any additional circumstances that the Review Board should consider when reviewing this complaint?

Attach any documentation that you feel will be helpful in understanding what you did or did not do relative to the alleged violation of the Peer Worker Code of Ethics.

By signing below, I acknowledge receipt of notice of a formal complaint/ violation of the Peer Certification Code of Ethics. I agree to cooperate fully with the Peer Certification Review Board to investigate and address this complaint. I understand that I have the right to appeal the findings and any disciplinary action of the review board against me. I attest that all information, statements and details included in my response to this complaint are true and accurate.

Signature: _____ **Date:** _____