



North Carolina Providers Council
4700 Homewood Court • Suite 320 • Raleigh, NC 27609
Phone: 919-784-0230 • Fax: 919-784-0231
www.ncproviderscouncil.org

ETHICS VIOLATION FORM

Name of the member Individual/Agency making and submitting the allegation:

Name of the member Individual/Agency allegation is made against:

ETHICS PRINCIPLE VIOLATED (Please check all that apply):

Integrity Competence Professional Conduct Promotions and Representation
 Dignity Social Responsibility

Please provide detailed description of unethical behavior –
Must include dates, location and individual(s) of member agency(s) involved.
Also, please include individual(s) who observed unethical behavior.
USE ADDITIONAL PAGES IF NECESSARY:

Name and contact information (telephone & email) of individual(s) who can verify unethical behavior:

Has the unethical behavior been addressed by a monitoring entity (DSS, DMH/DD/SAS, DMA, DHSR, LME, law enforcement, etc.)?

Yes No

If yes, identify the monitoring entity, what were the findings and outcome?

Signature

Title

Agency

Date

Please submit to: 1. Marcia Lewis, Chairperson, NC Providers Council Ethics Committee
Mountain Youth Resources
PO Box 99, Webster, NC 28788
marcia@myrnc.us
Fax: 828-586-0649