

Vermont Certified Recovery Coach Code of Ethics Violation Claim Form

This form is the official means of bringing a claim against an IC&RC Certified Vermont Recovery Coach. If the coach is not IC&RC certified (you can search the database of IC&RC certified coaches in Vermont by name [here](#)), please contact their supervisor or the executive director of their organization with your concern as ethical violations by coaches who are not IC&RC certified are personnel matters that fall outside the jurisdiction of the Vermont Recovery Coach Certification Committee.

All claims will be reviewed by The Vermont Recovery Coach Certification Committee. Anonymous or trivial claims will not be accepted. Investigating a claim is a complex and time-consuming process for The Vermont Recovery Coach Certification Committee. Filing a claim should not be entered into lightly. All sections of this form must be filled out completely. Incomplete forms will be returned for completion.

When your form is complete, please email it to: lisa@recoveryvermont.org OR mail it to:

Lisa Lord
Director of Workforce Development
Recovery Vermont
100 State Street, Suite 352
Montpelier, VT 05602

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1. I understand that this claim is not about a simple personnel or personal issue, but that it reflects a serious violation of the Vermont Recovery Coach ethics. Namely, a violation that should be investigated and that may ultimately prevent this person from volunteering or working as a recovery coach in the future. Check 'yes' to acknowledge.

Yes

2. Is this claim being filed against another Vermont Certified Recovery Coach, or are you self-reporting your own violation of the Vermont Certified Recovery Coach Code of Ethics?
- This claim is against a Vermont Certified Recovery Coach
 - This claim is to self-report my own violation of the Vermont Certified Recovery Coach Code of Ethics
 - Neither. This claim is about someone working or volunteering in recovery supports in Vermont but they are not a "certified" recovery coach. I feel this claim is serious enough that the Certification Committee should be aware of it in the event that this person ever applies for certification.
3. I have already shared this claim with the implicated coach's supervisor.
- Yes
 - No
 - I am this coach's supervisor

If yes, what is this coach's supervisor's name: _____

If no, please explain why you haven't shared this claim with their supervisor:

Claim Form Filer's Information

Your Full Name: _____

Your address (street, city, state, zip): _____

Your Email address (Please print clearly. If we are unable to contact you, we will not be able to follow up on the claim.): _____

Your phone number (optional): _____

Coach's Information

Name of COACH against whom you are bringing a claim of ethical violation(s). If you are self-reporting, enter your name.

Coach's First Name, and middle name or initial: _____

Coach's Last Name: _____

Where the Recovery Coach is practicing: _____

Violation Information

Code of Ethics Violation of Section:

- I. The Vermont Recovery Coach Professional Oath
- II. Certification
- III. Fundamental Ethics and Boundaries *subsection selection required below
- IV. Standards *subsection selection required below
- V. Unlawful Conduct
- VI. Sexual Misconduct *subsection selection required below
- VII. Fraud Related Conduct *subsection selection required below
- VIII. Exploitation of Clients *subsection selection required below
- IX. Assisting Unqualified/Unlicensed Practice
- X. Confidentiality
- XI. Impairment *subsection selection required below
- XII. Cooperation with Investigation/Reporting Violations *subsection selection required below
- XIII. Procedure for Enforcement and Appeals

Subsection required for violation of sections III, IV, VI, VII, VIII, XI, XII

Section III. Fundamental Ethics and Boundaries, Subsection:

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> G |
| <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> H |
| <input type="checkbox"/> C | <input type="checkbox"/> F | <input type="checkbox"/> I |
| | | <input type="checkbox"/> J |

Section IV. Standards, Subsection:

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> B | <input type="checkbox"/> F | <input type="checkbox"/> J |
| <input type="checkbox"/> C | <input type="checkbox"/> G | <input type="checkbox"/> K |
| <input type="checkbox"/> D | <input type="checkbox"/> H | |

Section VI. Sexual Misconduct, Subsection:

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> C |
| <input type="checkbox"/> B | <input type="checkbox"/> D |

Section VII. Fraud Related Conduct, Subsection:

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> C |
| <input type="checkbox"/> B | <input type="checkbox"/> D |

Section VIII, Exploitation of Clients, Subsection:

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> C | <input type="checkbox"/> E |
| <input type="checkbox"/> B | <input type="checkbox"/> D | <input type="checkbox"/> F |

Section XI. Impairment, Subsection:

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
|----------------------------|----------------------------|----------------------------|

Section XII. Cooperation with Investigation/Reporting Violations, Subsection:

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B |
|----------------------------|----------------------------|

Details of your claim. Please provide clear and specific details of the claim you are bringing forward. Provide dates, details, clear evidence, etc. Attach additional pages as necessary, and evidence if applicable.

I understand that the submission of this form is just the beginning of this claim, and that I will be contacted for more detailed evidence . I also understand that there is a clear process in place that will give all parties in this claim a fair hearing.

Yes

Signature: _____ Date: _____