

**ICADV Certified Batterer Intervention Program (BIP)  
PROVIDER ETHICS COMPLAINT FORM**

**INSTRUCTIONS**

Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.

The completed application may be submitted to:

Indiana Coalition Against Domestic Violence  
1915 West 18th Street  
Indianapolis, IN 46202

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NUMBER: \_\_\_\_\_

Indiana Coalition Against Domestic Violence  
1915 West 18th Street  
Indianapolis, IN 46202  
Phone (317) 917-3685 or (800) 538-3393  
Fax (317) 917-3695

## BIP PROVIDER ETHICS COMPLAINT FORM

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Complainant (Name of Complaining Party)

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Address

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City | State | Zip Code

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone Number with Area Code

\_\_\_\_\_  
Email Address

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number with Area Code

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Name of person your complaint is against

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Name of ICADV Certified Batterer Intervention Program

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Address:

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City | State | Zip Code

What is your relationship to the person or program?

\_\_\_ Program Participant

\_\_\_ Partner or Past Partner

\_\_\_ Staff Member

\_\_\_ Other: \_\_\_\_\_

Have you filed this complaint with other agencies? Yes No

If yes, list the agencies:

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Have you spoken directly to the provider about your concerns? Yes No

If yes, please summarize the provider's response:

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(If more space is needed please attach another page.)

**Brief Summary of Complaint** (Be sure to include specific dates, direct quotes, and names of everyone involved including witnesses.)

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Please attach copies of any supporting documentation pertaining to the complaint. A copy of your complaint will be sent to the BIP Service Provider asking for a response. Your complaint and response will be presented to the BIP Committee at the next scheduled meeting. I understand I will be responsible for attorney fees, costs, or any other expenses incurred by ICADV resulting from any false or misleading statements made by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Complainant)

Under penalties of perjury the undersigned hereby affirms the foregoing statement is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Complainant)

**THIS FORM MUST BE RETURNED WITH ORIGINAL SIGNATURES**