



CONFIDENTIAL
INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS
CODE OF PROFESSIONAL CONDUCT
COMPLAINT FORM

1. Today's date: _____

2. Person filing complaint ("complainant"):

Name: _____ Telephone: _____

Title: _____ Employer: _____

Address: _____

Email address: _____

3. IBLCE certificant against whom complaint is being filed:

Name: _____ Telephone: _____

Title: _____ Employer: _____

Address: _____

Email address: _____

4. Complainant's relationship with the certificant against whom the complaint is being filed (e.g., supervisor, co-worker, consumer, etc.):

5. Summary of complaint (in your own words – who, what, where, when, why, and how): [Use additional sheets if needed].

6. Identify the specific provision(s) of the IBLCE Code of Professional Conduct allegedly violated by the certificant who is the subject of the complaint:

7. Other persons with knowledge of the incident(s) giving rise to this complaint:

Name: _____ Telephone: _____

Title: _____ Employer: _____

Address: _____

Email address: _____

Name: _____ Telephone: _____

Title: _____ Employer: _____

Address: _____

Email address: _____

8. Other agencies or organizations you have submitted this complaint to (i.e., government licensing boards, police or other authorities, etc.):

By signing this document, you attest that all the information is true and correct.

Signature: _____ **Date:** _____

If the allegations in your complaint are determined to be possible violations of the IBLCE Code of Professional Conduct, you will be notified that your complaint has been opened for investigation.

Please mail this form, marking it “Personal & Confidential” to:

International Board of Lactation Consultant Examiners (“IBLCE”) International Office
Attention: Ethics and Discipline Committee
6402 Arlington Blvd., Suite 350
Falls Church, VA 22042-2356
USA