



ACGC Complaint Form

INSTRUCTIONS

Any person (including student, general public, faculty, government agency, and any other organization) concerned about the quality of a Genetic Counseling Program accredited by the Accreditation Council for Genetic Counseling (ACGC) may contact the ACGC Executive Office. The ACGC will consider and investigate only those complaints containing allegations which, if substantiated, may indicate noncompliance with accreditation *Standards*. The ACGC will not intervene on behalf of individuals in cases where the situation giving rise to the complaint occurred so long ago that investigating and ascertaining the facts might prove to be too difficult.

Filing a Complaint

A complaint against an ACGC program may be submitted to the ACGC at any time via mail or email on the Complaint Form provided on the ACGC website. Complaints must be in writing, must be specific as to the accreditation standard[s] that allegedly is being violated, and must include the complainant's contact information. The ACGC also requires a release authorizing the ACGC to forward a copy of the complaint, including identification of the complainant, to the program for a response.

Complaints

Ms. Sheila O'Neal
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Accreditation Council for Genetic Counseling
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Complete all pages of this Form.
Complaints received without this Form completed in its entirety will not be processed.

COMPLAINT FORM

Complainant Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Day-time Phone Number: [Click here to enter text.](#) E-mail Address: [Click here to enter text.](#)

Program Name: [Click here to enter text.](#)

Program Address: [Click here to enter text.](#)

Program City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

COMPLAINT POLICY

Before filing a complaint, it is strongly recommended that you read the ACGC's Complaint Policy.

CONFIDENTIALTY

The ACGC will typically not take any action based on an anonymous complaint.

Complainant's Status in Relation to the Program:

- Current Student
- Former Student
- Current Faculty
- Current Staff
- Former Employee
- Other (Please specify):

Complaint Summary and Details

1. Accredited Program Named in the Complaint:

[Click here to enter text.](#)

2. Check the items that best summarize your complaint:

Non-Compliance with the ACGC *Standards*:

- Administration _____
- Resources _____
- Instruction _____
- Curriculum _____
- Clinical Training/Field Work _____
- Program or Student Evaluation _____
- Admissions _____
- Non-Discrimination _____
- Distance Education Programs _____
- Research _____

3. **Specifically describe how the program is non-compliant with the ACGC Standards noted in #2 above. Indicate the timeframe in which the events described occurred. Please limit this description to a maximum of 1000 words.**

4. **Describe the steps you have taken to resolve your concern, including the relevant grievance and appeals policies and processes you followed at the institution. Provide evidence of the program's actions to date within its grievance and appeals policies and processes and include copies of all correspondence between you and the program related to your concern. Also, provide copies of relevant program's grievance and appeals policies and processes. Do not send original documents.**

A. What was the final disposition of your grievance by the program?

B. Have you raised this concern with another organization or agency?

If yes, name of organization/agency: [Click here to enter text.](#)

Date filed: [Click here to enter text.](#)

What was the finding? (Submit copies of any correspondence from the organization/agency that reviewed your concern.)

C. Have you initiated legal proceedings regarding this concern?

If yes, name of court: [Click here to enter text.](#)

Date filed: [Click here to enter text.](#)

What was the finding? (Submit copies of any rulings on your case by the court.)

COMPLAINANT VERIFICATION

This complaint will not be processed unless all the items below are checked and you have signed and dated the Complaint Form.

I have read the ACGC Complaint Policy and agree that this completed Form accurately describes my concern.

I understand that the ACGC will not intervene on behalf of individuals in cases where the situation giving rise to the complaint occurred so long ago that investigating and ascertaining the facts might prove to be difficult or impossible.

I understand that the ACGC Complaint Policy addresses a program's non-compliance with the ACGC *Standards* for accreditation. If the ACGC finds a program to be non-compliant, any action the ACGC might take will be directed toward bringing the program into compliance, not toward settling a dispute between an individual and the program.

I understand per the ACGC Complaint Policy, the ACGC is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of a program in the normal operation of their personnel or academic policies and procedures, unless a violation of the ACGC *Standards* is specifically alleged. Such matters include: matters of admission, appointment, promotion, or dismissal of faculty or students. The ACGC will not seek any type of compensation, re-admission, or other redress on behalf of an individual. The ACGC will not respond to or take action upon any complaint that is defamatory, hostile, or profane. In addition, the ACGC will not involve itself in collective bargaining disputes.

I understand that if a complaint indicates circumstances which, if substantiated, may indicate noncompliance with accreditation Standards, the ACGC staff may request that written corroboration, including additional documentation, be provided within 30 days from the date of the complaint.

I understand that if the ACGC Executive Director determines, after the initial review of the complaint, that the information or allegations suggest that a program may not be in compliance with the ACGC *Standards*, the Executive Director will notify the program that a complaint has been filed.

I understand that the Board of Directors shall be the final decision-making body on the complaint.

I hereby certify that all of the information I have provided to the ACGC is true and complete to the best of my knowledge.

I certify that I am the individual named as the complainant.

After receipt of the complaint, the ACGC staff will send a letter or email to the program within 30 days, acknowledging receipt of the complaint and explaining the process the ACGC will follow in investigating the complaint.

STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO THE PROGRAM

I certify that the information I have provided is correct to the best of my knowledge and hereby grant the ACGC permission to forward the complaint to the program for a response.

Name of Complainant (Please print or type):

[Click here to enter text.](#)

Signature of Complainant:

Date Signed: [Click here to enter text.](#)

For Internal Use Only:

Date received by the ACGC: