Program Complaint Submission Form

National Doula Certification Board (NDCB)

Please complete this form in its entirety. Incomplete complaint forms may delay review or prevent investigation.

Complainant Information

Full Name

_____

Organization (if applicable)

_____

Email Address

_____

Phone Number

_____

Mailing Address

_____

_____

_____

Person or Organization Complaint is Against

☐ Certified Professional Doula (CPD)

☐ Certification Candidate

☐ Approved Training Organization

☐ NDCB Staff

☐ NDCB Board Member

☐ Other

Name of individual or organization

Certification Number (if known)

Nature of Complaint

Please check all that apply.

☐ Code of Conduct violation

☐ Standards of Professionalism

☐ Ethical concern

☐ Misrepresentation of certification

☐ Fraudulent documentation

☐ Improper use of CPD credential

☐ Confidentiality concern

☐ Examination concern

☐ Conflict of interest

☐ Discrimination

☐ Other

Please describe

Date(s) of Incident

Location (if applicable)

Detailed Description

Provide a complete description of the complaint.

Include:

- What happened
- Who was involved
- Dates and times
- Witnesses
- Actions already taken
- Why you believe NDCB standards were violated

Evidence

Please identify all evidence being submitted.

☐ Emails

☐ Text messages

☐ Photographs

☐ Video

☐ Documents

☐ Witness Statements

☐ Other

List attached evidence

Previous Resolution Attempts

Have you attempted to resolve this matter directly?

☐ Yes

☐ No

If yes, explain.

Confidentiality Agreement

I understand that:

☐ This complaint will be handled according to the National Doula Certification Board Complaint Policy.

☐ I understand the complaint process is confidential.

☐ I agree not to publicly announce, promote, publish, or otherwise disclose that I have filed this complaint while it is under review, except as required by law or to my legal counsel.

☐ I understand additional information may be requested.

☐ I understand NDCB may decline to investigate complaints lacking sufficient evidence.

Certification

I certify that the information contained in this complaint is true and accurate to the best of my knowledge.

I understand knowingly submitting false or misleading information may result in dismissal of this complaint.

Signature

Printed Name

Date

NDCB Use Only

Complaint Number

Date Received

Received By

Complaint Category

Assigned To

Initial Review Completed

☐ Yes

☐ No

Request for Additional Information Sent

☐ Yes

☐ No

Investigation Opened

☐ Yes

☐ No

Date Closed

Outcome

☐ Dismissed

☐ Corrective Action

☐ Sanction

☐ Suspension

☐ Revocation

☐ Other

Final Notes

Submission Instructions

Email the completed form and all supporting documentation to:

info@doulaboard.org

Subject Line:

Program Complaint – [Name of Individual or Organization]