



STATE OF TENNESSEE  
**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**  
OFFICE OF STATEWIDE SYSTEMS OF CARE  
Andrew Jackson Building, 5<sup>th</sup> Floor  
500 Deaderick Street  
NASHVILLE, TENNESSEE 37243

BILL HASLAM  
GOVERNOR

E. DOUGLAS VARNEY  
COMMISSIONER

TENNESSEE CERTIFIED FAMILY SUPPORT SPECIALIST  
**ETHICS COMPLAINT FORM**

This form is to be used to file an ethics complaint against a Tennessee Certified Family Support Specialist (CFSS). Including your name, address and phone number is optional; it is necessary, however, if you wish to be notified regarding the progress of this complaint. After you have the form completed and notarized, send it to: Tennessee Certified Family Support Specialist Ethics Complaints, Office of Statewide Systems of Care, Andrew Jackson Building, 5<sup>th</sup> Floor, 500 Deaderick Street, Nashville, TN 37243. Fax: 615-253-6822. If you have any questions, call Melissa McGee at 615-253-4160 or [Melissa.McGee@tn.gov](mailto:Melissa.McGee@tn.gov).

**COMPLAINANT:**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**ALLEGED VIOLATOR (TENNESSEE CERTIFIED FAMILY SUPPORT SPECIALIST):**

Name of TCFSS \_\_\_\_\_

Employer \_\_\_\_\_

Position and Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Briefly describe the conduct or behavior that is the basis for your complaint. Please include the dates the conduct occurred and any other pertinent facts. Please provide as much detail as possible. Add additional pages if necessary.

List any other persons who might have information pertinent to your complaint:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §3-6-208, submitting a complaint containing false information, or submitting a complaint in reckless disregard of the truth or falsity of the information contained therein, constitutes a Class 2 Offense which may subject me to civil penalties in an amount up to ten thousand dollars (\$10,000) and may additionally subject me to liability for the reasonable costs and attorney fees of the falsely accused;
- The information contained in this complaint, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Complainant Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_ county,  
Tennessee:

Affix Notary Seal Here

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Registration No.