



# REPORT AN ETHICS VIOLATION

A complainant must fill out this form completely in order to properly file a complaint with the Member and the Board of Directors in accordance with Article X of the Bylaws. A complaint form that is incomplete in any way when submitted may be dismissed, but may be refiled with the required information.

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

Your Address: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Start date of event(s) causing the complaint: \_\_\_\_\_

State your complaint and the facts giving rise to your complaint (please list which section of the Bylaws and/or the applicable Transparency and Ethics policy you believe is in non-compliance):

State the remedy or remedies you seek:

I will be represented in pursuing my complaint. Please identify your representative:

Name: \_\_\_\_\_

Firm or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

I agree that all information provided is correct and factual, signed: \_\_\_\_\_