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| --- | --- |
| **Your Name** |  |
| **Contact Address** |  |
| **Daytime Contact Number** |  |
| **Date of Alleged Incident** |  |
| **Name of Member who you are complaining about** |  |
| **Summary of Complaint** |  |
| **Which section(s) of the Code of Ethics do you feel have been breached and why?** |  |
| **Please describe the nature of the complaint in more detail** |  |
| **What would be acceptable in terms of seeking resolution for this complaint? In other words, what needs to happen in order for you to feel your complaint has been fully resolved?** |  |
| **Documentary Evidence to Support the Complaint (please list any additional evidence you can provide to support your complaint and include it when you submit this completed form.)** |  |

I declare that the information provided is accurate to the best of my knowledge.

I agree/do not agree that my Personally Identifiable Information (PII), can initially be passed on to the Member. If I do not agree, I understand that my PII will be redacted before the form is passed on to the Member.

Signature…………………………………………..

Date…………………………………………………..