



ETHICS COMPLAINT FORM

Complainant

*Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

*Email:

*Phone:

Subject of Complaint

*Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

*Email:

*Phone:

***List the section(s) of the IALEIA Code of Ethics you allege the charged members has violated.
(Attach typed additional pages if necessary.)**



***Detail the alleged violations and include names, dates, locations, and any other relevant information.
(Attach typed additional pages if necessary.)**

*** Denotes mandatory fields.**

Email this form, all attachments, and supporting documents to: ethics@ialeia.org OR

Mail to: IALEIA, Attn: Ethics Committee, P.O. Box 13857, Richmond, Virginia 23225 and mark "Confidential."

Signature

Date