

## Ethics Complaint Form

Please refer to the Ethics Committee procedural documents for information regarding the procedure which shall be followed. Please complete this form in its entirety and electronically send it to [complaints@ampp.org](mailto:complaints@ampp.org). \*Please Note: all information in **RED** is required. **Ethics submissions are confidential. Anonymous complaints cannot be accepted.**

<b>Today's Date</b>	
<b>Submitter (Complainant) Name</b>	
<b>Submitter (Complainant) Address, City, State, Country</b>	
<b>Submitter (Complainant) E-mail Address</b>	
<b>Submitter (Complainant) Telephone (incl. country code)</b>	
<b>Complaint Being Filed Against Name (Respondent)</b>	
<b>Respondent's Company Name</b>	
<b>Respondent's Contact Information (Phone number, e-mail address)</b>	
Certification Number (if known)	
CRM Record Number (if known)	
<b>Date of Alleged Violation</b>	
<b>Alleged Violation (Use dropdown)</b>	
If "Other" Violation, Explain:	
<b>Is there any current litigation associated with this complaint?</b>	<div>Yes</div> <div>No</div>

Summary of complaint (please be as concise and specific as possible, including violations against association policies e.g. attestation):

List of evidence (please attach any relevant correspondence/back up to this document):

List of witnesses (with contact information, where possible; email is preferred):

Please list any additional information/evidence not previously captured above.

Additional Information (Continued):