

COMPLAINT FORM FOR ALLEGED NONCOMPLIANCE WITH THE AAA CODE OF ETHICS

DATE:	
COMPLAINANT (Individual filing	the complaint - <i>required</i>):
Name:	
Company Name:	
Address:	
City, State, Zip:	
Primary Telephone:	Alternate telephone:
Primary Email:	Alternate Email:
RESPONDENT (Individual against	whom the complaint is directed – provide all known information
Name:	
Company Name:	
Address:	
City, State, Zip:	
Primary Telephone:	Alternate telephone:
Primary Email:	Alternate Email:

In filing this complaint, I understand that:

- the complaint must be in writing and signed and must include any/all supporting documentation;
- anonymous complaints are not permitted;
- a complaint against an organization/employer is not permitted. An individual person must be named as Respondent.
- the Chair of the EPC may communicate with other individuals, agencies, and/or programs for additional information as may be required for Committee review during case deliberation.

	I have read the Academy <u>Code of Ethics</u> and cited the Principle(s) and/oncompliance by the member.	or Rule(s) that are allegedly in
[]	I have enclosed a written letter summary of the facts on which this com	plaint is based.
[]	I have enclosed supporting documentation that corroborates and supporting complaint.	orts the allegations in the
[]	If this complaint was also filed with another organization (e.g., academi etc.), I have enclosed correspondence related to this filing, including cur	
[]	I have attached or request a signed <u>Waiver of Confidentiality</u> to allow d complaint details, which can be downloaded from.	isclosure of my name and
[]	I affirm that the statements and information in this complaint are correbest of my knowledge and belief.	ct, complete, and truthful to the
Sig	nature of Complainant:	Date:

Note to Complainants who are Academy members: It is the duty of all Academy members to come forward with evidence of perceived noncompliance with the Code of Ethics. However, each Academy member should be mindful of his or her professional obligation regarding confidentiality and possible sanctions for abuse of complaint procedures. Your signature above signifies that the complaint is brought to the Ethical Practices Committee in good faith and not for the purpose of resolving private, business, legal, or other disputes for which more appropriate forums exist.

Send completed and signed complaint form and accompanying documentation to:

COMPLAINANT SIGNATURE: (Check all the boxes below and sign)

American Academy of Audiology Chair, Ethical Practices Committee 11480 Commerce Park Dr., Suite 220 Reston, VA 20191 ethics@audiology.org

Office Use Only:		
Respondent's Membership status verified? Respondent's AAA Member ID #:	Yes N	0
AAA Case #:		