

ETHICAL PRACTICES AND GRIEVANCES COMPLAINT FORM

COMPLAINANT

NAME: _____

ADDRESS: _____

PHONE NO: _____

MEMBER NAMES IN COMPLAINT

NAME: _____

ADDRESS: _____

PHONE NO: _____

DETAILS OF VIOLATION

DATE OF OCCURRENCE: _____

DESCRIPTION OF VIOLATION (use additional page if necessary): _____

EVIDENCE INCLUDED (i.e., transcripts, reports, etc.): _____

IS THERE ANY OPEN CRIMINAL OR CIVIL CASES INVOLVING BOTH YOU AND THE OTHER PARTY? Yes ____ No ____

Signature of Complainant

Date

Please send complaint form to:

Gloria Ryan, Director of Administration
Gloria.Ryan@firearson.com

OFFICE USE ONLY

Complaint No. _____
Date Received _____
Date Forwarded to EP&G _____

ETHICAL PRACTICES AND GRIEVANCE COMPLAINT

Date Complaint Request Received _____

Complaint Package Sent to Complainant _____

Date Complaint Received _____

Date Sent to Committee _____

Date Complainant and Subject Notified _____

Date of Committee Review _____

Date Presented to Board _____

Hearing Date _____

Appeals Date _____

All Parties Notified of Final Deposition _____

Date File Closed _____

COMMENTS _____

ETHICAL PRACTICES AND GRIEVANCE COMPLAINT

INVESTIGATION ASSIGNED YES _____ NO _____

RECOMMENDATION OF ETHICAL PRACTICES & GRIEVANCE COMMITTEE

Signature of Chairman

Date

BOARD ACTION

Signature of President

Date

ACCUSED MEMBER NOTIFIED OF BOARD ACTION Date_____

COMPLAINANT NOTIFIED OF BOARD ACTION Date_____