

**NATIONAL ASSOCIATION OF PARLIAMENTARIANS®**

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**ETHICS COMPLAINT FORM**

**Please provide your name and contact information:**

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| **Name of Complainant** |       |
| **Address** |       |
| **City** |       |
| **State/Province** |       |
| **Zip/Postal Code** |       |
| **Phone** |       |
| **E-mail Address** |       |

|  |  |
| --- | --- |
| **Signature of** **Complainant** |  |

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| --- | --- |
| **Date of Complaint** |       |

**Please provide the name and contact information of NAP member against whom this complaint is being filed:** *(Please provide all of the information you have.)*

|  |  |
| --- | --- |
| **Name of Respondent** |       |
| **Address** |       |
| **City** |       |
| **State/Province** |       |
| **Zip/Postal Code** |       |
| **Phone** |       |
| **E-mail Address** |       |

Which paragraph(s) of the “Standards of Ethical Conduct for Parliamentarians (Copy Attached) do you allege that the NAP member has violated? *(The text box below will expand to accommodate the amount of text you wish to insert.)*

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|       |

Describe the alleged violation, citing names, dates, location, and other pertinent information.

*(The text box below will expand to accommodate the amount of text you wish to insert.)*

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|       |