



NATIONAL ASSOCIATION OF PARLIAMENTARIANS®

PROFESSIONAL RESPONSIBILITY COMPLAINT FORM

Adopted by the Professional Standards Committee September 22, 2020

Please provide your name and contact information:

Name of Complainant	
Address	
City	
State/Province/Country	
ZIP/Postal Code	
Phone	
E-mail Address	
Date of Complaint	
Date(s) of Alleged Violation(s)*	
Signature of Complainant	

**Earliest alleged violation must have occurred no more than one year prior to filing 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/Country	
ZIP/Postal Code	
Phone	
E-mail Address	

Which provision(s) of the *Code of Professional Responsibility for Parliamentarians* do you allege that the NAP member has violated? (*Attach separate page if needed.*) Note that the provisions of Section 1 of the code are aspirational and are not intended to be subject to discipline. Accordingly, any allegations of violation of the provisions of Section 1 will be dismissed without consideration.

Describe the alleged acts, citing names, dates, location, and other pertinent information, and identify what provision(s) of the *Standards of Ethical Conduct for Parliamentarians* each act allegedly violates. Attach or provide links to any relevant documents (see Rule I.E of the *Rules for Processing Complaints of Professional Responsibility Violations*. (*Attach additional pages if needed.*)

Is the NAP member also a member of the American Institute of Parliamentarians (AIP)?

Yes No Unknown

If yes, has a complaint alleging the same violation(s) been filed with AIP?

Yes No Not applicable. If yes, when? _____