APPENDIX C

**FORMAT FOR SUBMISSION OF A RESPONSE**

|  |  |  |  |  |
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| **TO:** | Chair, National Ethics Council  The American Institute of Architects  1735 New York Avenue, NW  Washington, DC 20006 | | | |
| **1. RESPONSE DATE** | [due 30 days after receipt of Complaint] | | | |
| **2. RESPONDENT(S)**  (submitter of Response) | [Name] [AIA, FAIA, Assoc. AIA, etc.]  [Street address]  [City], [State] [Zip]  [Telephone number]  [E-mail address]  [Local AIA Chapter] | | | |
| **3. RESPONDENT’S ADVISOR OR COUNSEL**  (optional) | [Name] [Capacity: Advisor or Counsel (if member of Bar)]  [Street address]  [City], [State] [Zip]  [Telephone number]  [E-mail address]  Respondent acknowledges that all acts and representations by this advisor or counsel will be taken as acts or representations of the Respondent. | | | |
| **4. RESPONDENT’S CONTACT**  (choose only one) | [Respondent / Advisor / Counsel]  All correspondence with regard to this matter will be sent to this person. | | | |
| **5. ADMISSION OR DENIAL**  (provide Chronological Narrative as Item 13 below) | The undersigned Respondent [admits / denies] (indicate only one) that he/she is in violation of Rule(s) [insert list of Rules alleged in Complaint] of the AIA Code of Ethics and Professional Conduct as charged in the Complaint dated [insert date of Complaint]. | | | |
| **6. KNOWLEDGEABLE PARTIES** | [insert or attach list of all persons with knowledge of the matter] | | | |
| **7. SUPPORTING DOCUMENTS** | [insert or attach list of exhibits, identified by number or letter] | | | |
| **8. OTHER FILINGS** | There [is / is not] (indicate only one) currently pending civil litigation or an administrative (Licensing Board) proceeding concerning the subject matter of this Complaint. If yes, give details and describe the schedule for resolution.  [insert description here] | | | |
| **9. ADDITIONAL STATEMENT** | In addition to the facts recited in the Chronological Narrative in Item 12 below, I offer the following additional reasons for denying the Complaint:  (Respondent may state reasons he/she believes that the alleged conduct is not in  violation of the AIA Code of Ethics and Professional Conduct or the Complaint is otherwise untrue.)  [insert or attach additional statement] | | | |
| **10. CONFIDENTIALITY** | Respondent agrees to avoid public disclosure and discussion of this Complaint, the parties involved, and the issues under consideration. The Respondent may contact persons with knowledge of the matter, who are potential witnesses, or who might otherwise have information relevant to allegations in a complaint. | | | |
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| **11. RESPONDENT’S SIGNATURE** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | *Signature of Respondent* | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | *Printed or Typed Name of Respondent* | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | *Date* | | | |
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| **12. CHRONOLOGICAL NARRATIVE**  (proceed date-by-date through events and expand as necessary) | **Date** | **Event**  (state the facts of what occurred) | **Related Rule(s)**  (when applicable) | **Supporting Exhibit(s)**  (when applicable) |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
|  | [date] | [text] | [Rule No.] | [Exhibit No.] |
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