

## Appendix B: Format for Submission of a Response

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Chair, National Ethics Council  
The American Institute of Architects  
Email to: [aiaethics@aia.org](mailto:aiaethics@aia.org)

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**1. Response Date:**

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**2. Respondent(s):** (submitter of Response)

Name: \_\_\_\_\_ [AIA, FAIA, Assoc. AIA, etc.]

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**3. Respondent's Advisor or Counsel:** (optional)

Do you have an Advisor or Counsel?  Yes  No

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Respondent acknowledges that all acts and representations by this advisor or lawyer will be taken as acts or representations of the Respondent.

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**4. Respondent's Contact:**

All correspondence with regard to this matter will be sent to this person.

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**5. Admission or Denial:** (subject of Complaint)

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: \_\_\_\_\_

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**6. Knowledgeable Parties:**

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**7. Supporting Documents:**

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**8. Other Filings:**

Is there currently pending civil litigation or an administrative (Licensing Board) proceeding concerning the subject matter of this Complaint?  
 Yes  No [*indicate only one*]

*If yes, give details and describe the schedule for resolution.*

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**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 or 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.*]

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**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.  
 Yes  No *[indicate only one]*

**11. Respondent's Signature:** \_\_\_\_\_  
*Signature of Respondent* *Date*

\_\_\_\_\_  
*Printed or Typed Name of Respondent*

<b>12. Chronological Narrative:</b> (provide day-by-day through events and expand as necessary in separate document)	Date	Event (state the facts of what occurred)	Related Rule(s) (when applicable)	Supporting Exhibit(s) (when applicable)