## Appendix A: Format for Submission of a Complaint

il to:	Chair, National Ethics Council The American Institute of Architects <u>ethics@aia.org</u>					
Complaint Date:						
<b>Complainant(s):</b> (submitter of Complaint)	Name:					
	Firm:					
	Street Address:					
	City, State & Zip Code:					
	E-mail: Telephone:					
<b>Complainant's Advisor</b> or <b>Counsel:</b> (optional)	Do you have an Advisor or Counsel? □ Yes □ No					
	Name:					
	Street Address:					
	City, State & Zip Code:					
	E-mail: Telephone:					
	Complainant acknowledges that all acts and representations by this advisor or lawyer will b taken as acts or representations of the Complainant.					
Complainant's Contact:	All correspondence with regard to this matter will be sent to this person.					
<b>Respondent(s):</b> (subject of Complaint)	Name:					
	Firm:					
	Street Address:					
	City, State & Zip Code:					
	E-mail: Telephone:					
Rule(s) of Conduct Violated: (Specific Rules of Conduct muct be listed on this form	Rule of Conduct Citation Violated*	Last Violation Date	Time Elapsed Until Complaint** (days between Last Violation Date and Complaint Date)			
to be considered. Do not						
include Ethical Standards) (provide Chronological Narrative as Item 13 below)						
	* If claiming a violation regarding responsibility claimed or credit due for projects or other wo complete Appendix C and file the required information with this Complaint.					
	Complainant(s): (submitter of Complaint) Complainant's Advisor or Counsel: (optional) Complainant's Contact: Complainant's Contact: Respondent(s): (subject of Complaint) (subject of Complaint) Rule(s) of Conduct Violated: (Specific Rules of Conduct must be listed on this form to be considered. Do not include Ethical Standards) (provide Chronological Narrative as Item 13	Complainant(s):   Name:     (submitter of Complaint)   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Do you have an Advisor or (Name:     Firm:   Street Address:     Complainant's Advisor   Name:     Firm:   Street Address:     Complainant's Advisor   Oo you have an Advisor or (Name:     Firm:   Street Address:     City, State & Zip Code:   E-mail:     Complainant's Contact:   Complainant acknowledges taken as acts or representa     Complainant's Contact:   All correspondence with reg     Respondent(s):   Name:     (subject of Complaint)   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Rule(s) of Conduct     (subject of Complaint)   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Rule of Conduct Citation Violated*     (Specific Rules of Conduct must be listed on this form to be considered. Do not include Ethical Standards)   Rule of Conduct Citation Violated*     (provide Chronological Narrative as Item 13 below)   * If claiming a violation regardicomplet Appendix C and file t     ** If this number exceeds 365   365 <	Complainant(s):   Name:     (submitter of Complaint)   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Do you have an Advisor or Counsel? □ Yes □     Complainant's Advisor or Counsel: (optional)   Do you have an Advisor or Counsel? □ Yes □     Name:   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Complainant's Contact:     All correspondence with regard to this matter     Respondent(s):   Name:     (subject of Complaint)   Firm:     Street Address:   City, State & Zip Code:     E-mail:   Complainant acknowledges that all acts and retaken as acts or representations of the Complaint     Firm:   Street Address:     City, State & Zip Code:   E-mail:     Rule(s) of Conduct   Name:     Yiolated:   City, State & Zip Code:     E-mail:   City, State & Zip Code:     E-mail:   Rule of Conduct Citation     Yiolated:   Specific Rules of Conduct     Yiolated:   Specific Rules of Conduct     Yiolated:   Image:     City, State & Zip Code:   E-mail:     Rule of Conduct Citation   Date			

## 7. Knowledgeable Parties:

## 8. Supporting Documents:

9.	Other Filings:	Is there currently pending civil litigation or an administrative (Licensing Board) proceeding concerning the subject matter of this Complaint? Yes No [ <i>indicate only one</i> ] If yes, give details and describe the schedule for resolution.
10.	Confidentiality:	Complainant agrees to avoid public disclosure and discussion of this Complaint, the parties involved, and the issues under consideration. The Complainant 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 [ <i>indicate only one</i> ]
11.	Release and Waiver:	The undersigned hereby gives consent to The American Institute of Architects, its officers, directors, committee members, staff, members of the National Ethics Council, or other members (AIA) for the disclosure of the Complaint and all other submissions by or on behalf of Complainant to: (1) the Respondent(s) named in the Complaint and any lawyer or advisor designated by Respondent(s); (2) the AIA directors, officers, committee members, and staff whose access to the submissions is necessary for the resolution of the proceeding; and (3) the membership and the public generally in the event a Respondent is found in violation of the Code of Ethics and Professional Conduct and a nonconfidential sanction is imposed. THE UNDERSIGNED, INDIVIDUALLY AND ON BEHALF OF ANY FIRM OF WHICH THE UNDERSIGNED IS AN OWNER OR MANAGER, AGREES TO RELEASE AND WAIVE AND AGREES NOT TO SUE THE AIA FOR ANY DAMAGES RESULTING OR ALLEGED TO RESULT FROM THE FILING OF THIS COMPLAINT, INCLUDING AIA'S RECEIPT, REVIEW, AND ANY ACTION THEREON, INCLUDING PUBLIC DISCLOSURE OF ITS CONTENTS.

## 12. Complainant's Signature:

Signature of Complainant

Date

		Printed or Typed Name of Complainant						
(pr thr as	hronological Narrative: provide day-by-day rough events and expand necessary in separate ocument)	Date	Event (state the facts of what occurred)	Related Rule(s) (when applicable)	Supporting Exhibit(s) (when applicable)			