

## Ethical Standards Report

This form is to be used as a cover sheet and summary form in the submission of ethical complaints involving the conduct of individuals holding a certification from IBADCC.

The form must be signed by the complaining party which attests to the veracity of the complaint, the fact that this complaint will be shared with the respondent and understanding of the individual responsibilities and processes stated in the IBADCC Ethical Enforcement Procedure.

The applicable portions or which are provided as attachments to this cover sheet. See <u>IBACC>Ethics</u> for more information.

| Complainant Information        |                        |  |
|--------------------------------|------------------------|--|
| Name of Complainant            |                        |  |
| Address                        |                        |  |
| City                           |                        |  |
| State                          |                        |  |
| Contact Number                 |                        |  |
|                                | Respondent Information |  |
| Name of Respondent             |                        |  |
| Address                        |                        |  |
| City                           |                        |  |
| State                          |                        |  |
| Contact Number                 |                        |  |
| Summary of Complaint           |                        |  |
| Attach additional pages if neo | cessary                |  |
|                                |                        |  |
|                                |                        |  |
|                                |                        |  |
|                                |                        |  |



|                               | Complainant Signature        |
|-------------------------------|------------------------------|
| Complainant Name<br>(Printed) |                              |
| Complainant Signature         |                              |
|                               | (Witnessed by Notary Public) |
| Date                          |                              |

The IBADCC is an autonomous affiliate of the International Commission for Reciprocity Certification

| Notary Public for Idaho   |
|---|
| STATE OF IDAHO )  |
| : ss<br>County of)  |
| On this(day) of(month) , 20(year), before me, the undersigned, a Notary Public<br>in and for said State, personally appeared(name) known to me to be the<br>person whose name is subscribed to this instrument and acknowledged that s/he executed the same.<br>WITNESS my hand and seal. |
| Notary Public for Idaho   |
| Residing at:  |
| My Commission Expires:  |
|   |

## Next Step

Mail this form and all supporting documentation to:

IBADCC 1775 W. State St., #108 Boise, ID 83702