

# ETHICS COMPLAINT FORM

Revised 2/3/2023

## Section 1: Initiating Party

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Section 2: Respondent (must be a Certified Organizational Ombudsman Practitioner®)

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

## Section 3: Complaint Details

Please provide a detailed description of the nature of the alleged professional misconduct as well as all pertinent facts and circumstances. Feel free to submit separate documentation.

## Section 4: Supporting Documentation

Please list all documents you are forwarding for consideration:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be signed digitally and emailed to [certification@ombudsassociation.org](mailto:certification@ombudsassociation.org), with "Complaint for Professional Practices Committee" in the subject line. You may also print, complete, sign, and send this form to the CO-OP® Board of Certification, Professional Practices Committee, 2150 N 107th Street, Suite 205, Seattle, WA 98133.