

Report Ethics Code Violation

Are you still in dispute with the Member?

Yes No

If 'yes', describe how you would like to see the complaint resolved or remedied (attach additional pages, if necessary):

Description:

Section D: Statement and Signature

I state that the information in this form is true and correct and I authorize the IFEC to investigate this complaint. I understand that the IFEC will investigate and resolve this complaint in accordance with the **IFEC Code of Ethics** (available for viewing at <http://www.ifec.biz/ethics.html>).

Complainant to complete:

Signature:

Date (DD/MM/YYYY):

Section E: Checklist & Instructions

All fields completed? Evidence attached? Additional sheets attached? All pages signed and dated?

- Please attach copies (retain originals for your records) of any supporting documents including contracts, emails, correspondence etc.
- If necessary, attach additional sheets. Please ensure that all additional sheets are signed and dated.

Mail your completed 'Code Violation Form', together with any evidence you feel may support your complaint, and signed and dated Attachments (if additional space is required) to:

Ethics Committee
 Institute for Ethical Consulting
 PO Box 1122
 Lakes Entrance, VIC 3909
 Australia.

For any questions, comments or concerns please contact us during business hours (9:00 AM – 6:00 PM AEST) Mon – Fri:

Phone: +61 3 5156 2836
 Fax: +61 3 5156 2836
 Email: i.hruszecky@ifec.biz

IFEC Office Use Only

Date Lodged: <input style="width: 95%; height: 20px;" type="text"/>	Complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	Acknowledgement Sent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Member Identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy to Member's File? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copies to Committee? Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaint Upheld?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Remedy Imposed?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Member's Name: <input style="width: 95%;" type="text"/>	
				Membership Number: <input style="width: 95%;" type="text"/>	