213 South Main Street, Independence, MO 64050 | 816.833.3892 | 888.627.2929 | hq@nap2.org www.parliamentarians.org | www.facebook.com/parliamentarians

## PROFESSIONAL RESPONSIBILITY COMPLAINT FORM

Adopted by the Professional Standards Committee September 22, 2020

Please provide your name and contact information:

Please provide your name	and contact information:	
Name of Complainant		
Address		
City		
State/Province/Country		
Zip/Postal Code		
Phone		
E-mail Address		
Date of Complaint		
Date(s) of Alleged Violation(s)*		
Signature of Complainant		
*Earliest alleged violation	n must have occurred no more than one year prior to filing of complaint.	
•	and contact information of NAP member against whom this complaint is to of the information you have.)	being
Name of Respondent		
Address		
City		
State/Province/Country		
Zip/Postal Code		
Phone		
E-mail Address		

Which provision(s) of the <i>Code of Professional Responsibility for Parliamentarians</i> do you allege that the NAP member has violated? (Attach separate page if needed.) Note that the provisions of Section 1 of the code are aspirational and are not intended to be subject to discipline. Accordingly, any allegations of violation of the provisions of Section 1 will be dismissed without consideration.			
Describe the alleged acts, citing names, dates, location, and other pertinent information, and ident provision(s) of the <i>Standards of Ethical Conduct for Parliamentarians</i> each act allegedly violates provided links to any relevant documents (see Rule I.E of the <i>Rules for Processing Complaints of Responsibility Violations. (Attach separate page if needed)</i>	. Attach or		
Is the NAP member also a member of the American Institute of Parliamentarians (AIP)?			
☐ Yes ☐ No ☐ Unknown			
If yes, has a complaint alleging the same violation(s) been filed with AIP?			
Yes No Not appliable. If yes, when?			