AIP Professional Responsibility Complaint Form

Name of Complainant_____

Address_____

City_____ST_____Zip_____

Phone_____E-Mail_____@_____

Name and address of AIP member against whom complaint is being filed:

_____

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_____

This complaint is in regard to an alleged violation of paragraph number_____ of the “Code of Professional Responsibility for Parliamentarians." (copy attached)

Describe the alleged violation, citing names, dates, location, and other pertinent information:

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