AMERICAN ACADEMY OF AUDIOLOGY

## COMPLAINT FORM FOR ALLEGED NONCOMPLIANCE WITH THE AAA CODE OF ETHICS

| DATE:   |   |
|---|---|
| <b>COMPLAINANT</b> (Individual filing the complaint | : - required):  |
| Name:   |   |
| Company Name:                                       |   |
| Address:  |   |
| City, State, Zip:                                   |   |
| Primary Telephone:                                  | Alternate telephone:                                  |
|   | Alternate Email:                                      |
| <b>RESPONDENT</b> (Individual against whom the co   | mplaint is directed – provide all known information): |
| Name:   |   |
| Company Name:                                       |   |
| Address:  |   |
| City, State, Zip:                                   |   |
| Primary Telephone:                                  | Alternate telephone:                                  |
| Primary Email:                                      | Alternate Email:                                      |

## In filing this complaint, I understand that:

- the complaint must be in writing and signed and must include any/all supporting documentation;
- anonymous complaints are not permitted;
- a complaint against an organization/employer is not permitted. An individual person must be named as Respondent.
- the Chair of the EPC may communicate with other individuals, agencies, and/or programs for additional information as may be required for Committee review during case deliberation.

**COMPLAINANT SIGNATURE:** (Check all the boxes below and sign)

[] I have read the Academy <u>Code of Ethics</u> and cited the Principle(s) and/or Rule(s) that are allegedly in noncompliance by the member.

- [] I have enclosed a written letter summary of the facts on which this complaint is based.
- [] I have enclosed supporting documentation that corroborates and supports the allegations in the complaint.
- [] If this complaint was also filed with another organization (e.g., academic institution, licensing board, etc.), I have enclosed correspondence related to this filing, including current status/final resolution.
- [] I have attached or request a signed <u>Waiver of Confidentiality</u> to allow disclosure of my name and complaint details, which can be downloaded from.
- [] I affirm that the statements and information in this complaint are correct, complete, and truthful to the best of my knowledge and belief.

| Signature of Complainant: | Date: |
|---------------------------|-------|
| Signature of complainant. | Date. |

**Note to Complainants who are Academy members:** It is the duty of all Academy members to come forward with evidence of perceived noncompliance with the Code of Ethics. However, each Academy member should be mindful of his or her professional obligation regarding confidentiality and possible sanctions for abuse of complaint procedures. Your signature above signifies that the complaint is brought to the Ethical Practices Committee in good faith and not for the purpose of resolving private, business, legal, or other disputes for which more appropriate forums exist.

Send completed and signed complaint form and accompanying documentation to:

American Academy of Audiology Chair, Ethical Practices Committee 11480 Commerce Park Dr., Suite 220 Reston, VA 20191 ethics@audiology.org

| <b>Office Use Only:</b><br>Respondent's Membership status verified?<br>Respondent's AAA Member ID #: | Yes No |
|--|--------|
| AAA Case #:  |        |