



ETHICAL STANDARDS REPORT

This form is to be used as a cover sheet and summary form in the submission of ethical complaints involving the conduct of individuals holding a certification from IBADCC. The form must be signed by the complaining party which attests to the veracity of the complaint, the fact that this complaint will be shared with the respondent, and understanding of the individual responsibilities and processes stated in the **IBADCC Ethical Enforcement Procedure**: the applicable portions or which are provided as attachments to this cover sheet. See www.ibadcc.org for more information.

COMPLAINANT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home _____

RESPONDENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home: _____

SUMMARY OF COMPLAINT (attach additional pages if necessary):



COMPLAINANT NAME (printed): _____

COMPLAINANT SIGNATURE: _____
(witnessed by Notary Public)

DATE: _____

The IBADCC is an autonomous affiliate of the International Commission for Reciprocity Certification

STATE OF IDAHO)
: ss
County of _____)

On this ____ day of _____, 20__, before me, the undersigned, a Notary Public in
and for said State, personally appeared _____ known to me to be the
(name)
person whose name is subscribed to this instrument and acknowledged that s/he executed the
same.

WITNESS my hand and seal.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____

Mail this form and all supporting documentation to:

IBADCC
2095 Daniels St. #963
Long Lake, MN 55356