

Complaint Form

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Branch: _____

Complaint Type

____ Harassment ____ Code of Ethics ____ Code of Conduct ____ Conflict of Interest

____ Breach of Confidential Records/Sources

____ Other (Please specify) _____

Complaint Against: _____

Complaint Details (Please use additional paper if required):

Name and phone numbers of individuals who can supply corroborating evidence/details:

1. I hereby give approval for SGS to use the above/attached information and my name for action against the above individual. ____ Yes ____ No

2. I hereby agree to be available to give more information/details. ____ Yes ____ No

3. I hereby agree to be available to attend a hearing if required. ____ Yes ____ No

Signature of Complainant

Date

Send to President of SGS in care of Executive Director at SGS office marked **PERSONAL AND CONFIDENTIAL**