

CONFIDENTIAL

**ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP)
COMPLAINT FORM: ALLEGATION OF ETHICAL MISCONDUCT *****

ALLEGED OFFENDER

Name: _____

Address: _____

AFP Chapter (if known): _____

ALLEGED OFFENSE

Please specify the alleged violation of the AFP Code of Ethical Principles and identify the specific Standard of Professional Practice that is alleged to have been violated:

Date of alleged offense: _____

*** **Any individual may file an allegation of ethical misconduct against an AFP member. To be considered, this form must be completed in full and signed by the person lodging the complaint. Complaints must be filed within three years of the alleged misconduct. This form and the information contained herein will be considered strictly confidential by AFP, but may be disclosed to the alleged offender as part of the ethics review process.**

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ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP)
COMPLAINT FORM: COMPLAINANT INFORMATION

COMPLAINANT

Name: _____

Address: _____

Phone: _____

Fax _____

Are you an AFP member? Yes _____ No _____

If yes, what is your member ID number? _____

Chapter affiliation? _____

PLEASE SIGN AND DATE THIS DOCUMENT

I affirm that, to the best of my knowledge, the information above is true, accurate and complete.

Signature of Complainant

Date

VERY IMPORTANT: Mark your envelope CONFIDENTIAL and return this form to:

*President and CEO
Association of Fundraising Professionals
4300 Wilson Blvd., Suite 300
Arlington, VA 22203-4168
Phone: 703.519.8440*

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