

ETHICS COMPLAINT FORM

This form is supplied by the Board of Environmental, Health & Safety Auditor Certifications (BEAC) to individuals, groups or organizations (complainants) who want to submit an ethics complaint against a BEAC Certified Professional Environmental Auditor (CPEA) or applicant (respondent). In order to start the ethics complaint process, each complainant must complete this form, or prepare a similar detailed description of the factual allegations supporting the charges, and send this information to:

Administration Manager, BEAC
247 Maitland Avenue
Altamonte Springs, Florida 32701-4201 USA
info@beac.org

BEAC strongly recommends that all complainants review the [Code of Ethics](#) and the BEAC [Disciplinary Procedures](#) before and during the preparation of an Ethics Complaint in order to understand BEAC's procedures and ethical standards. Complainants may also telephone the BEAC office at (407) 831-7727 with questions concerning the process.

(Please Print In Ink, Type the Following Information or Submit Electronically)

COMPLAINANT (YOUR) CONTACT INFORMATION:		
Name:		
Street Address:		
City:		
State, Postal Code:		
Phone numbers:	Day:	Evening:
Email address:		

RESPONDENT (CPEA OR APPLICANT) CONTACT INFORMATION:		
Name:		
Street Address:		
City:		
State, Postal Code:		
Phone numbers:	Day:	Evening:
Email address:		

4. Have you, the Complainant, voiced your complaint to the Respondent?

Yes No If yes, please provide details of discussion, including dates and locations.

5. List of Witnesses to be contacted and Documents to be referenced during an investigation:
(Additional sheets may be attached if necessary.)

<u>Name of Witness</u>	<u>Contact Information</u>	<u>Comments</u>
<u>Document</u>	<u>Description</u>	<u>Attached to complaint?</u>

STATEMENT AND CERTIFICATION OF CHARGES

By submitting this Ethics Complaint I charge the CPEA or applicant identified with a violation(s) of the BEAC Code of Ethics and/or Standards. I have read the BEAC Disciplinary Procedures, and I agree to abide by the conditions and terms of these rules. I understand that the information submitted to BEAC concerning this ethics proceeding will be kept confidential. I also understand that the accused Respondent) will receive a copy of this document, as well as other information that is submitted with regard to the ethics case.

I further certify that the factual allegations made in this BEAC Ethics Complaint Statement are true and accurate to the best of my knowledge and that these ethics charges are made in good faith.

Signature of Complainant: _____

Printed name of Complainant: _____

Date: _____