

**INTERNATIONAL ASSOCIATION OF CRIME ANALYSTS, INC.
ETHICS COMPLAINT FORM**

Please provide your name and contact information:

Name of Complainant	
Address	
City	
State/Province/Country	
Zip/Postal Code	
Phone	
Email Address	
Signature of Complainant	
Date of Signature	

Please provide the name and contact information of the IACA member against whom this complaint is being submitted: (Please provide all of the information available.)

Name of Respondent	
Address	
City	
State/Province/Country	
Zip/Postal Code	
Phone	
Email Address	

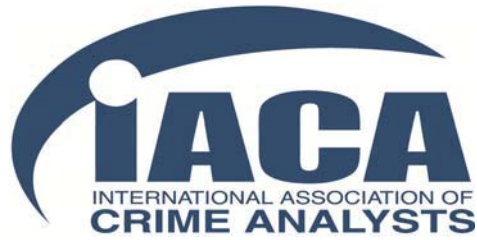
Identify which paragraph(s) of the IACA Code of Ethics that you allege the IACA member has violated: (Attach additional page if needed.)

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Describe the alleged violation, citing names, dates, location, and other relevant information: (Attach additional page if needed.)

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Send to the attention of the IACA Secretary at 9218 Metcalf Avenue #364, Overland Park, Kansas 66212



in a SEALED, DOUBLE ENVELOPE with the INTERNAL ENVELOPE CLEARLY AND CONSPICUOUSLY marked “CONFIDENTIAL – IACA ETHICS COMMITTEE: ATTN: IACA SECRETARY ONLY”, or, if the complaint regards the IACA Secretary, the complaint should be submitted to the attention of the IACA President or other member of the then-serving IACA Executive Board. Please contact the President for information on alternate submissions processes. Thank you.

The foregoing IACA Ethics Committee Charter was approved by the IACA Executive Board at a meeting held on 2/27/2015.