

CPSWQ

Certified Professional in Storm Water Quality, Inc.

49 State Street, Marion, North Carolina 28752

www.cpswq.org

CODE OF CONDUCT AND ETHICS COMPLAINT FORM

Complaint against: _____

(Registrant - Complaint Subject's Name)

Complaint Subject's _____ His or Her _____

Certification Number: _____ Telephone: _____

(Registrant - Complaint Subject's Address)

Complaint submitted by: _____

Your Telephone contact #: _____

Your Address: _____

Describe and explain your complaint: *(Attach additional sheets if necessary to provide detail.)*

Have you attached copies of documents, if any, that support your complaint? _____

When did the event(s) take place that you contend violate the CPSWQ Code of Conduct and Ethics?

Where did the event(s) take place that you contend violate the CPSWQ Code of Conduct and Ethics?

Please list the name(s) and contact information of any relevant officials who are familiar with the facts of this complaint.

Which section(s) of the CPSWQ Code of Conduct and Ethics do you contend were violated by the Complaint Subject?

What additional information do you believe is important for the CPSWQ Ethics Committee to know in order to fully understand the nature and scope of your complaint against the Registrant (Complaint Subject)?

Date you submit this complaint: _____

VERIFICATION OATH AND NOTARY CERTIFICATE

After being duly sworn (or upon solemn affirmation), I state under oath that all of the information I have provided in this CPSWQ Code of Conduct and Ethics Complaint Form is true and accurate, so help me God (or, upon my solemn affirmation). I understand that the Ethics Committee will rely on my statement that I am providing all relevant information about this matter known to me.

Your signature: _____ (seal)

The above person appeared before me on this _____ day of _____, 20____ and swore to (or affirmed) the truthfulness and accuracy of the above information and acknowledged signing this document as a fully informed and voluntary act.

Notary Public's signature: _____

Notary Public's printed or typed name: _____

State/County of Notary Commission: _____

Notary Commission expiration date: _____ (Notary Seal)