

**SECTION 1: Personal Information**

Surname	First Name	Middle Initial
Home Address	City/Province/State	Postal Code/Zip Code
Telephone	Email	I-CAB #

**SECTION 2: Organization Information**

\* Information of the utilizing organization that is alleged to have violated the Ethical Use Policy.

Organization Name	Other operating names (trade name)
Home Address	City/Province/State
Postal Code/Zip Code	Website
Name of Organization Representative	Title
Telephone	Email

**SECTION 3: Violation Information**

\* A separate form is required for each organization involved in an allegation.

When did the alleged violation begin?	What is the latest date of the alleged unethical activity?
<p>1. ___Yes ___No    Has the utilizing organization been made aware of the alleged violation (this is a requirement for any submission to proceed)</p> <p>2. Who within the utilizing organization was made aware?          _____</p> <p>3. ___Yes ___No    Have you submitted an allegation against any other organization(s)?          If yes, please name the other organization(s):          _____</p> <p>4. Indicate the Ethical Use policy sections violated:</p> <p>A     1<input type="checkbox"/>    2<input type="checkbox"/>    3<input type="checkbox"/>    4<input type="checkbox"/>    5<input type="checkbox"/>    6<input type="checkbox"/></p> <p>B     1<input type="checkbox"/>    2a<input type="checkbox"/>    2b<input type="checkbox"/>    3<input type="checkbox"/></p> <p>C     2<input type="checkbox"/>    3<input type="checkbox"/>    4<input type="checkbox"/></p> <p>D     1<input type="checkbox"/>    2<input type="checkbox"/></p>	



<b>Explain the nature of the alleged violation</b>
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<b>Summarize events in chronological order leading up to the ethical use violation including the most important dates related to the activities of the utilizing organization.</b>
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<b>Are you aware of any steps taken by the utilizing organization to address this situation?</b>
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<b>Please send photocopies (not originals) of any supporting information you have related to your allegations.</b>
* Note: Please only send documents directly relevant to your allegations. A large volume of unnecessary documentation may delay the completion of this review



\*\*\*\*\* IMPORTANT \*\*\*\*\*

Please sign each of the releases below without modification. The I-CAB Foundation will only process your allegation form if these releases are complete. If they are incomplete, processing of your allegation will be delayed while we return this form to you for your signature.

**SECTION 3: Releases**

I hereby give the utilizing organization, against whom I am making this allegation, permission to provide the I-CAB Foundation Board any confidential information regarding me, including any records of previous interactions, and to answer all questions presented that may have perceived relevance.

Signature	Date

I hereby give the I-CAB Foundation permission to send to the utilizing organization, against whom I am making this allegation, copies of any materials submitted by me or on my behalf concerning this allegation.

Signature	Date