

# CSA Board of Standards

## Complaint Form

Please complete this form in its entirety to submit a complaint about a CSA to the CSA Board of Standards (the "Board"). **Note that your name will appear as "complainant" in the complaint, and that the CSA who is named in this complaint will receive a copy of all assembled complaint materials prior to complaint review.**

The Board reviews alleged violations by CSAs of Standards and Rules of ethical conduct contained in the *CSA Code of Professional Responsibility* (the "Code"). After completing this form, please mail it, as well as any other documentation you might have that supports your claim(s), to the Board's mailing address:

CSA Board of Standards  
1802 S. Bellaire St., Suite 480  
Denver, CO 80222

CSA who is the subject of this complaint:

\_\_\_\_\_ (please print)

Contact information for this CSA:

### Your Information

(please print)

(circle one): Mr. Ms. Mrs.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### Summary

In the space below, describe the circumstances that led to this complaint filing\*. Include dates when possible. If you attach additional sheets, please initial and date each one. **Note:** please limit your complaint to factual matters and clearly identify any opinion or conclusion as such and not as a fact. The Board reserves the right to reject or return to the complainant for modification any complaint which appears to be scandalous, maliciously filed or intentionally defamatory.

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*\*Note: Individuals working on behalf of the CSA Board of Standards may contact you for additional information.*

By my signature below, I request that the CSA Board of Standards review my assertions of unethical conduct on the part of the CSA named above. Further, I understand and agree that my name will appear as complainant.

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_