

Submission Date: \_\_\_\_\_



# ACMO Complaints Questionnaire Form

Please answer each of the following questions to the best of your ability.

1. Please provide your full name and contact information:

---

---

---

2. Please provide the full name and contact information about the person the complaint is about:

---

---

---

3. Summarize what the person did:

---

---

---

4. What sections of the Codes of Ethics or By-laws do you believe this conduct infringes (the final determination of this is up to the ACMO and its committees):

---

---

---

5. Provide the name(s) and contact information for each witness to this conduct and summarize what you believe the witness observed:

---

---

---

6. Provide a copy of all documents relevant to this complaint (please note review of supportive material is an important part of the complaints process):

---

---

---