

The Association for Preservation Technology International Complaint of Violation of APT Code of Ethics or APT Policies

This form is to be used to file a complaint against any APT member for an alleged violation of APT's Conflict of Interest Policy, Code of Ethics, Code of Conduct of Directors and Officers, Whistleblower Policy, Professional Recognition Program, or such other codes or policies as APT's Board of Directors may find appropriate.

Following the "Procedure for Investigating and Resolving Complaints of Violations of the APT Code of Ethics or APT Policies," this complaint may be filed with the Compliance Officer, President, other Executive Committee member, or Executive Director. The Chair of the Bylaws, Policy, and Ethics Committee is the designated Compliance Officer (CO) and has specific responsibility to lead investigations of formal complaints and facilitate resolutions to alleged violations.

Name:

Name of the member against whom this claim is made (subject member)

Alleged violation(s): Please identify the specific section(s) of the governing codes or policies you allege have been violated.

Documentation: For each claim, please provide a narrative description of the event(s) or circumstance(s), including date(s) and name(s) of those involved. You may attach supporting documentation such as correspondence, e-mails, images, and texts, to support your claim. If there are witnesses who may be able to corroborate the claim or otherwise provide relevant information, you may be asked to provide their names and contact information as part of the investigation.

Note that the information above will be provided to the subject member.

Information below will be kept confidential to the extent possible.

Resolution: What, in your mind, would be a successful resolution or outcome from this investigation?

Confidentiality: Complaints may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct a full and fair investigation. Complainants shall also maintain confidentiality.

Complainant Name or Contact Name (if complainant is anonymous)

Date filed (required)