



# IOIA INSPECTOR MISCONDUCT COMPLAINT FORM

The International Organic Inspectors Association is dedicated to maintaining and improving the quality of the organic inspection process, and recognizes that inspector commitment, integrity and ethical behavior are critical to this goal. The IOIA feels that it is within IOIA's interest to be made aware of any misconduct by inspector members. Please be assured that your complaint will be taken seriously and dealt with in the fairest manner possible to all parties involved. To achieve this, please answer all questions thoroughly and carefully. Include any documentation and/or evidence with your submission of this complaint. Please read carefully IOIA's Ethics Investigation Procedures, Code of Ethics and Code of Conduct. Return this form with accompanying documentation to IOIA, P.O. Box 6, Broadus, MT, 59317, USA. A fee of US\$50 must accompany this form.

Name of Person/Group Making Complaint \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

1. Name of inspector member against which the complaint is made \_\_\_\_\_

2. State the nature of the complaint in as much detail as possible. Use additional sheets if necessary.

3. Which IOIA Code of Conduct or Code of Ethics does this activity violate? (See attached IOIA Code of Conduct/Code of Ethics.)

4. List all corroborating documentation and/or evidence you are attaching to this complaint form.

5. Please give names, addresses and ph/fax #'s of people who might provide corroboration.

6. As indicated in IOIA's Ethics Investigation Procedures, the IOIA Ethics Committee is empowered to take a number of actions concerning this complaint. What action do you feel is warranted?

**All information provided is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature Date

8/5/01

Office only: Received by _____		Date _____	Date Fee Received _____	Amount received _____
Date to Ethics.Com. _____	Date of Disposition Report _____		Date Reviewed by Exec. Comm. Member. _____	_____
Appeal Received Yes	No	Date Appeal Mailed to Appeals Board _____	Date of Appeal Disposition Report _____	