How to Register a Query about a Possible Violation of the Code

1. Write an email or letter explaining the concern; include identification of the AFP member involved.

2. Send signed query and a copy of any backup information corroborating your concern in a *sealed* envelope marked CONFIDENTIAL to:

Ethics Office
c/o President & CEO
Association of Fundraising Professionals
4300 Wilson Blvd., Suite 300
Arlington, VA 22203-4168
Email: rknight@afpnet.org

How to File a Formal Complaint Alleging Violation of the Code

1. Fill out the complaint form completely and sign it. Be sure that the description of alleged unethical conduct is clear and complete. **The complaint must be filed within three years of the alleged ethical misconduct.**

2. Send the signed form and a copy of any backup information corroborating your allegation in a *sealed* envelope marked CONFIDENTIAL to:

Ethics Office
c/o President and CEO
Association of Fundraising Professionals
4300 Wilson Blvd., Suite 300
Arlington, VA 22203-4168

AFP COMPLAINT FORM - CONFIDENTIAL

ALLEGATION OF ETHICAL MISCONDUCT *

ALLEGED OFFENDER (RESPONDENT):

Name: _____

Address: _____

_____

_____

_____

AFP Chapter (if known): _____

ALLEGED OFFENSE

Please specify the alleged violation of the *AFP Code of Ethical Principles* and identify the specific *Standard* that is alleged to have been violated:

_____

_____

_____

_____

_____

_____

_____

Date of alleged offense: _____

*** Any individual may file an allegation of ethical misconduct against an AFP member. To be considered, this form must be completed in full and signed by the person lodging the complaint. Complaints must be filled <u>within three years</u> of the alleged ethical misconduct. This form and the information contained herein will be considered strictly confidential by AFP, but may be disclosed to the alleged offender as part of the ethics enforcement process.**

COMPLAINANT:

Name: _____

Address: _____

_____

_____

_____

Phone: _____

Fax: _____

Are you an AFP member? Yes_____ No_____

If yes, what is your member ID number?_____

Chapter affiliation? _____

PLEASE SIGN AND DATE THIS DOCUMENT

I affirm that, to the best of my knowledge, the information above is true, accurate and complete.

_____

Signature of Complainant

_____

Date

***VERY IMPORTANT*: Mark your envelope <u>CONFIDENTIAL</u> and return this form to**:

Ethics Office
c/o President and CEO
Association of Fundraising Professionals
4300 Wilson Blvd., Suite 300
Arlington, VA 22203-4168
Phone: 703/519-8444