

Association of Professional Genealogists
Professional Review Committee
Code of Ethics Violation Complaint Form

Section 1: Contact Information

Member:
Complainant:
Complainant's Postal Address:
Complainant's Email Address:
Complainant's Telephone:

Section 2: Violation Information:

What Sections of the Code of Ethics is member alleged to have violated?
Note that complaint cannot be processed without this number.

Code Numbers:

<p>Brief statement of how member violated the above numbered item from the Code of Ethics (<i>Statement can be continued on Supplemental Page.</i>)</p>
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Please attach to this form copies of written agreements, records of payments, emails or other communications and any other items that will help the Professional Review Committee understand your complaint against this member.

FOR APG OFFICE USE ONLY:

Case Number:	
Date of Receipt:	Date Case Closed:
Disposition of Complaint:	
Action Taken :	

Association of Professional Genealogists Professional Review Committee
Code of Ethics Violation Complaint Form Supplemental Page # ____
