



AASECT
COMPLAINT FORM REGARDING ETHICS VIOLATION
File by sending to Ethics@AASECT.org

1. Name of person submitting complaint: _____

Address: _____

Phone: _____ Email: _____

2. Are you a member of American Association of Sexuality Educators, Counselors and Therapists (AASECT)? _____ Yes _____ No

3. Name of member of AASECT against whom this complaint is filed:

4. Is any police or legal complaint pending based on the ethics violation?

_____ Yes _____ No

5. Is any police or legal complaint concluded based on the ethics violation?

_____ Yes _____ No

Please describe conclusion:

Note: AASECT will not consider a complaint while a police or legal action is pending.

6. State your complaint *with specificity* in an attachment. State what portion(s) of the AASECT Code of Ethics were violated.

Do not attach privileged or confidential documents.

NOTE: THIS FORM WITH YOUR IDENTITY SHOWN WILL BE SENT TO THE AASECT MEMBER AGAINST WHOM THE COMPLAINT IS FILED TO PROVIDE AN OPPORTUNITY TO RESPOND. ATTACHMENTS WILL ALSO BE SHOWN.

Signed By: _____

Date: _____

Print Name: _____