



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 AASECT member 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

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

Please describe conclusion:

6. State your complaint *with specificity* in an **attachment**. State what portion(s) of the AASECT Code of Conduct 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: _____

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