



## ETHICS COMPLAINT FORM

If you would like to submit an ethics complaint to the Ethics Advisory Committee (EAC), please email a completed Ethics Complaint Form and ONE(1) attachment of supporting documentation to [Ethics@AASECT.org](mailto:Ethics@AASECT.org).

By proceeding with the submission, you acknowledge and agree to the terms outlined below:

- AASECT does not arbitrate business or financial complaints.
- The complaint process is not intended to provide legal advice nor does it determine legal matters.
- AASECT reserves the right to decline review of a complaint for any reason.

Filers have the option of submitting complaints that do not disclose their name and/or contact information to the member facing the complaint (respondent). The following conditions **MUST** be met:

- Facts contained within this complaint can be independently verified without releasing the name of the filer to the respondent;
- The filer acknowledges that the nature and content of the facts may, in and of themselves, disclose the identity of the filer;
- The filer is not filing in their role as AASECT leadership (eg. Committee Chairs, AASECT Officers or Directors);
- The filer has chosen option 1B below, removing their name and/or contact information from the complaint form and attachment materials, and has not signed this form with their name.

1. Choose A or B:

- A. I am including my name and understand it will be disclosed to the respondent.

Name:

Email:

- B. I am not including my name in the complaint form and attachment. I understand that if the facts contained within the complaint and accompanying materials cannot be independently verified without the use of my name, the EAC may be unable to review the complaint. I understand that due to the nature and content of the facts in the complaint, my identity may become known to the respondent.

*Important Note:* The complaint packet (complaint form and attachment) will be screened for completeness and jurisdiction. If the complaint packet meets all screening criteria, the complaint will be placed on the agenda for EAC case review, and **the complaint form and attachment will be sent to the member facing the complaint for an opportunity to respond.**



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

3. Name of AASECT member against whom this complaint is filed, and if known, their professional listings:

Name:

Email:

Address:

Business website:

AASECT member ID:

4. What is the approximate date(s) and location(s) of the alleged misconduct?

5. Please cite, clearly and concisely, which portions of the AASECT Membership Agreement, Code of Conduct, or Bylaws is being referenced in relation to the respondent's behavior as a member of AASECT.

6. Please concisely summarize the alleged misconduct and include how it relates to the Membership Agreement, Code of Conduct, or Bylaws cited in item 5. Details will be addressed in item 9.

7. Is this matter currently under investigation of law enforcement or pending legal action (civil or criminal)?

Yes            No            Unknown

If known, please state the relevant jurisdiction and case numbers:

*Important Note:* AASECT will not consider a complaint while law enforcement or legal action is under investigation or pending.

8. Is this matter currently under review of a licensing or regulatory organization?

Yes      No      Unknown

If yes, have these reviews been concluded?

Yes      No      Unknown

If known, please list the relevant organization(s) that conducted the review and include any available findings in your complaint attachment.

9. Using a single attachment, please include a detailed description of the alleged misconduct, summary of any action taken to correct this matter, and **facts sufficient for the member to make a full response** (e.g. who/what/where/when/context). Do not include privileged or confidential material.

For filers choosing option 1B please also ensure that your attachment:

- includes **facts that can be independently verified** (e.g. relevant evidence and documentation that supports the allegation, witness information, publicly accessible web links) without the use of your name
- excludes all instances of your name

With submission of this complaint packet, I as the filer attest that my account is true to the best of my knowledge and belief.

Signature of filer (please mark X if filer chooses to withhold their name)

Date: