

## ETHICS CHARGE SUBMISSION FORM (ECSF)

**IMPORTANT:** Read the **GISCI Ethics Procedures** at [http://www.gisci.org/Ethics\\_and\\_Conduct/Ethics\\_Violation.htm](http://www.gisci.org/Ethics_and_Conduct/Ethics_Violation.htm) before submitting this form. For a complaint to be considered by the GISCI Ethics Committee it must be accompanied by evidence and/or support documentation at the time of filing. This form may be filled out using black ballpoint pen or by filling in the PDF fields and printing the completed form.

### ACCUSER (person filing this complaint)

Accuser's Name		Occupation	
Address			
City	State	Postal Code	Country
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Email Address			
Relationship to the Accused			

### ACCUSED (the GISP who allegedly violated the Rules of Conduct or Code of Ethics)

Accused's Name		Occupation	
Address			
City	State	Postal Code	Country
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Email Address			

### WITNESSES (if applicable)

#### Witness 1

Name			
Relationship to the Accused			
Email Address			
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other

#### Witness 2

Name			
Relationship to the Accused			
Email Address			
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other

#### Witness 3

Name			
Relationship to the Accused			
Email Address			
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other

### FOR OFFICE USE ONLY

Revision: 2006-08-15

Received	ECSF #	Reviewed	Assigned
Hearing	Decision	Penalty	Appeal

## NATURE OF COMPLAINT

Date(s) alleged infraction(s) occurred:

Summary of events (350 words or less; summary only, further details belong in "Supporting Evidence"):

Specific Rule(s) of Conduct or Ethics that may have been violated:

Have you attempted discussions, mentoring, and/or mediation?  Yes  No

Explain:

## SUPPORTING EVIDENCE

Supporting evidence is **REQUIRED**. The complaint must include sufficient documentation and evidence to corroborate the complaint. The documentation and evidence may be submitted in either digital (i.e., CD-ROM) or hard-copy format. **List all documents** (including any on digital media) accompanying this form.

## SUBMISSION

I have read, understood, and will comply with the **GISCI Ethics Procedures**.  Yes

I have retained a copy of this completed form and all accompanying documentation in the packet being submitted.  Yes

Accuser's

**SIGNATURE**

**DATE**

**NOTE:** This original signed Ethics Charge Submission Form and all supporting documentation must be submitted to the Ethics Officer as a single packet. **Mail entire packet to:**

GISCI Ethics Officer  
GIS Certification Institute  
1460 Renaissance Dr., Suite 305  
Park Ridge, IL 60068

If a phone number is required for delivery purposes, please use (847) 824-7768. If you have any questions about completing this form contact Scott Grams at [sgrams@gisci.org](mailto:sgrams@gisci.org) or at the address or phone number listed above.