

ETHICS CHARGE SUBMISSION FORM (ECSF)

IMPORTANT: Read the **GISCI Ethics Procedures** at 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
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
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

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

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

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 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
701 Lee Street, Suite 680
Des Plaines, IL 60016

If a phone number is required for delivery purposes, please use (847) 824-7768. If you have any questions about completing this form contact Tony Spicci at tspicci@gisci.org or at the address or phone number listed above.