

# CESSWI

Certified Erosion, Sediment and Storm Water Inspector, Inc.  
49 State Street, Marion, North Carolina 28752

[www.cesswi.org](http://www.cesswi.org)

## **CODE OF CONDUCT AND ETHICS COMPLAINT FORM**

**Complaint against:** \_\_\_\_\_  
(Registrant - Complaint Subject's Name)

Complaint Subject's \_\_\_\_\_ His or Her  
Certification Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Registrant - Complaint Subject's Address)

**Complaint submitted by:** \_\_\_\_\_

Your Telephone contact #: \_\_\_\_\_

Your Address: \_\_\_\_\_

Describe and explain your complaint: (Attach additional sheets if necessary to provide detail.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attached copies of documents, if any, that support your complaint? \_\_\_\_\_

When did the event(s) take place that you contend violate the CESSWI Code of Conduct and Ethics?

\_\_\_\_\_

Where did the event(s) take place that you contend violate the CESSWI Code of Conduct and Ethics?

\_\_\_\_\_

Please list the name(s) and contact information of any relevant officials who are familiar with the facts of this complaint.

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Which section(s) of the CESSWI Code of Conduct and Ethics do you contend were violated by the Complaint Subject?

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What additional information do you believe is important for the CESSWI Ethics Committee to know in order to fully understand the nature and scope of your complaint against the Registrant (Complaint Subject)?

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Date you submit this complaint: \_\_\_\_\_

### **VERIFICATION OATH AND NOTARY CERTIFICATE**

After being duly sworn (or upon solemn affirmation), I state under oath that all of the information I have provided in this CESSWI Code of Conduct and Ethics Complaint Form is true and accurate, so help me God (or, upon my solemn affirmation). I understand that the Ethics Committee will rely on my statement that I am providing all relevant information about this matter known to me.

Your signature: \_\_\_\_\_ (seal)

*The above person appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and swore to (or affirmed) the truthfulness and accuracy of the above information and acknowledged signing this document as a fully informed and voluntary act.*

*Notary Public's signature:* \_\_\_\_\_

*Notary Public's printed or typed name:* \_\_\_\_\_

*State/County of Notary Commission:* \_\_\_\_\_

*Notary Commission expiration date:* \_\_\_\_\_ (Notary Seal)