Texas Recreation and Park Society Professional Code of Ethics Report of Non-Compliance

Section A: Complainant Information Name:	
Name:	
Organization:	
Address:	
Office #:	Cell #:
Email Address:	
Litiali Address.	
Section B: Respondent Information (Name of per	rson allegedly violating the TRAPS Code of Ethics)
Name:	
Organization:	
Address:	
Office #:	Cell #:
Email Address:	
Note: You must file a separate form for each individu	ual you wish to file a complaint against.
Section C: Nature of Complaint	
Date of alleged misconduct:	Time:
Physical Location:	
Please list the Ethical Standards you believe	nave been violated.

Section D: Witness	es		
Please provide a	list of witnesses, or witness	, to the alleged ethical mi	sconduct:
1 Name:			
Organization:			
Address:			
Office #:	Cell #:	Email:	
2 Name:			
Organization:			
Address:			
Office #:	Cell #:	Email:	
3 Name:			
Organization:			
Address:			
Office #:	Cell #:	Email:	
Seation F. Ctatama	ent and Cianatura		
Section E: Stateme	ent and Signature		
Ethics Committee	ormation in this form is true investigate this complaint. estigate and resolve this comp	I understand that the TR	APS Professional Ethics
Section G: Submiss	sion Instructions		
Please submit you	ur completed Ethics Report port your complaint, and sig	•	
. ,	Executive Director, TRAPS 18593 FM 1431 Jonestown, TX 78645	S	
By Email:	traps@traps.org		
By Fax:	(512) 267-5557		
Section H: TRAPS	Office Use Only		
Date Lodged:	Acknowledgement Sent?: YES NO	Complaint Upheld?: YES NO	Remedy Imposed?: YES NO
ACKNOWLEDGEMENT:		DATE:	