

SAN ANTONIO CONSERVATION SOCIETY ETHICS/WHISTLEBLOWER COMPLAINT FORM

Please provide your name and contact information:

| | |
|---------------------|--|
| Name of Complainant | |
| Address | |
| City | |
| State/Province | |
| Zip/Postal Code | |
| Phone | |
| E-mail Address | |

| | |
|--------------------------|--|
| Signature of Complainant | |
|--------------------------|--|

| | |
|-------------------|--|
| Date of Complaint | |
|-------------------|--|

Please provide the name and contact information of the member/ employee against whom this Complaint is being filed:

| | |
|--------------------|--|
| Name of Respondent | |
| Address | |
| City | |
| State/Province | |
| Zip/Postal Code | |
| Phone | |
| E-mail Address | |

ERB Chairman: _____ Date Received: _____

Control # _____

Which paragraphs of the Code of Ethics do you allege the individual has violated? *(Add additional page(s) as needed.)*

Empty box for listing violated paragraphs of the Code of Ethics.

Describe the alleged violation, citing names, dates, locations, and other pertinent information: *(Add additional page(s) as needed.)*

Empty box for describing the alleged violation with details.

ERB Chairman: _____ Date Received: _____