



Complaint Resolution Council ETHICAL COMPLAINT SUBMISSION

Alleged Complaint/Grievance Against:

Company: _____

NAID Member?: Yes No

City: _____ State: _____

General summary of alleged complaint or ethical violation: _____

Have you read the Complaint Resolution Council Guidelines located at naidonline.org before submitting this complaint? Yes No

What NAID Code of Ethic was violated? (see attached and please indicate)

- Use of statements that are false, misleading, incomplete, or likely to mislead customers/public
- Other (please describe): _____

Type of complaint/violation (mark any & all that apply):

- NAID trademark/logo violation: AAA Cert. logo NAID logo NAID member
- NAID Certification claimed on: website brochures advertising: _____
- NAID Membership claimed on: website brochures advertising: _____
- Other, please describe: _____

What concrete evidence or examples validate this ethical complaint? Please indicate and attach evidence.

- Website, at the following address: _____
- Yellow Pages Ad, copy attached
- Other, please describe: _____

Have you contacted the company with whom you have concern about their professional ethics and behavior to clarify, confront and/or resolve the situation? Yes No Please describe.

Complaint Submitted By:

Name: _____ Company: _____

Phone: _____ City: _____ State: _____

By signing below, I attest that all information provided herein, including all related materials, is truthful.

Signed: _____ Date: _____

You will be contacted soon regarding how this matter will proceed.
If you have any questions, please contact NAID HQ at (602)788-6243 or ethics@naidonline.org.

RETURN COMPLETED FORM TO NAID CRC

FAX: (480) 658-2088 **Mail:** 3030 N 3rd St., Suite 940, Phoenix, AZ 85012

NAID Use Only			
Rcvd: ___/___/___	NAID Official: _____	Rcvd Via: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
CRC Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	CRC Review Date: ___/___/___	Full Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Hearing date: ___/___/___
Case Number Assigned: _____	-	Submitter Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	