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| **COMPLAINT FORM**  |  |

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| **BEFORE COMPLETING THIS FORM:*** Read Icon’s Complaints Procedure
* Read Icon’s Code of Conduct
* Read Icon’s Professional Standards
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**Confidentiality**

All information will be stored securely and kept confidential to the Investigation Administrator and the Complaints Committees.

*Please submit the following information, using the boxes provided. All fields are mandatory.*

**Date upon which complaint is submitted**

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**Complainant’s Details**

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| --- | --- |
| Name |  |
| Address |  |
| Email  |  |
| Telephone  |  |

**Name of Member**

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**Code of Conduct Clause(s) Contravened**

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| *Point Number*  | *Code of Conduct Clause (from Code of Conduct)* |
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**Matter of Complaint**

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**Date of event which has given rise to the complaint (must be within the previous 12 months)**

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**Associated documentation**

*Please note additional documentation may be requested by the Investigation Committee.*

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| **Please send a signed copy of the form and associated documentation to:** Michael Nelles Membership Manager Icon, the Institute of Conservation mnelles@icon.org.uk  |