

**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS (ASCLD)**

Ethics Allegation Form

Complete the following and submit to the President of ASCLD.

|  |  |
| --- | --- |
| Date: |       |
| Your Name: |       |
| Your Mailing Address:  |       |
|  |       |
| Your Email Address: |       |
| Are you now, or have you been in the past, a member of ASCLD? | [ ]  Yes [ ]  No |
| Please name the individual(s) who is(are) the subject of the allegation |       |

NATURE OF THE ETHICAL MISCONDUCT ALLEGED:

1. What part of the ASCLD Code of Ethics has been violated? Cite the ASCLD Code of Ethics section number and quote the pertinent language. If an appropriate section of the code is not supplied, ASCLD will not consider the allegation. See the Code of Ethics at [http://www.ascld.org/.](http://www.ascld.org/)

1. Describe the ethical violation and provide documentary evidence to support the allegation. Attach as much material as necessary to corroborate all assertions.

1. Are you aware of any legal, civil, or employer investigations regarding the complaint described above?

[ ]  Yes [ ]  No

If Yes, please explain.

1. Are you aware of an Equal Employment Opportunity Commission charge that is related to the charge of ethical violation described above? [ ]  Yes [ ]  No

If Yes, please explain.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION BELOW FOR ASCLD USE ONLY**

Date received by the President of ASCLD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received by the Chair of the Ethics Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_