



# 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](http://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](mailto:ethics@naidonline.org).

### RETURN COMPLETED FORM TO NAID CRC

**FAX:** (602) 788-4144 **Mail:** 1951 W Camelback Rd., Suite 350, Phoenix, AZ 85015

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		