

Code of Ethics Complaint

Please use this form to file a formal complaint against an MSPA-NA member. Only complaints that are properly filed will be reviewed. This completed form must be signed by the filing member. Please understand that MSPA-NA does not have jurisdiction to adjudicate individual conflicts between members. You must work that out directly or consult other options at your disposal. However, as a courtesy, a properly submitted form will then be sent on to the member by MSPA-NA headquarters. In the instance of significant evidence by multiple sources of a violation, the complaint may then be reviewed by the MSPA-NA Board of Directors for possible suspension or termination of membership if not timely rectified. Repeated frivolous accusations may result in the possible suspension or termination of membership.

I believe a violation of the MSPA-NA Code of Ethics has been made by the following MSPA-NA member:

1. Member Information:			
Full Name			
Company Name			
Title			
Street Address			
City	State	Zip Code	
Phone Number			
2. Member Classification:			
Provider Member	Associate Member	☐ Independent Contractor Member	
3. Ethical Problem or Issue:			

 What facts have a bearing on this eth letters, telephone calls, etc. if applicable 	•		s, written
5. Are there any other considerations? F	Provide other pertine	nt information that should be	considered
o. The there any other considerations: 1	Tovide other pertine	The information that should be	considered.
6. Recommendation for Action:			
7. Authorization: I attest by signing this of am requesting that the MSPA-NA investings.			
Full Name			
Company Name			
Title			
Street Address			
City			
Phone Number			
Email Address			
Nature of Your Business			
Signature (REQUIRED)			

Please print this form and sign it. Your signature is required to validate this request. Once completed, file this complaint via email to info@mspa-americas.org