

## ETHICS VIOLATION COMPLAINT FORM

Please complete this form and return it to Human Resources as soon as possible after the incident or problem occurred. The Human Resources Department will initiate the investigation in response to the written request. The Ethics Committee will then provide you with a written response to your issue as soon as administratively possible. Once the complaint is accepted the information provided becomes public record. The purpose of the Ethics committee is to address any violations in regards to 1. Perceived Conflict of interest 2. Acceptance of gifts and other things of value.

Please check one of the following violations:

Perceived Conflict of interest

Acceptance of gifts and other things of value

If the complaint does not address either item 1 or 2 it will need to be addressed through the appropriate chain of command with the respective department.

Which violation does your complaint address? \_\_\_\_\_

Name of Person claiming incident: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Person(s) believed to be in violation of Policy: \_\_\_\_\_

Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify how the incident violated the policy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What ideas do you have for remedying the situation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there other information you think is relevant to this situation?  
\_\_\_\_\_  
\_\_\_\_\_

Name: (please print) \_\_\_\_\_

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

State of Tennessee-County of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me on this the \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_, who makes oath that he/she, executed the foregoing instrument.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Notary Signature and Seal

Date/Time & received by: \_\_\_\_\_