



Canadian Society of Nutrition Management Ethics Violation Form

To: Ethics Committee
Canadian Society of Nutrition Management
1370 Don Mills Road, Suite 300
Toronto, Ontario M3B 3N7

Or email to: ethics@csnm.ca

From: Name: _____
Address: _____
City, Province, Postal Code: _____
Phone: _____ Fax: _____
Email: _____

I am a member of CSNM: _____ I am not a member of CSNM: _____

1. What is your desired outcome for initiating this process?

2. Describe in your own words what you consider the ethical issue to be, including all facts upon which you base your concerns:

3. CSNM members being complained about (accused): _____

4. Article of Ethics Code you believe is violated: _____

5. Date(s) of Incident(s): _____

6. Location(s)/Occasion(s) of Incident: _____

7. Were other CSNM members directly involved? If yes, who were they and describe:

8. How did you observe/discover this issue?

9. When did you observe/discover or find out about it?

10. What practices or actions by the accused do you think the Ethics Committee should investigate?

11. Who else knows or has possible information about the situation? (Please give names and telephone numbers if known. Also state if these individuals are CSNM members.)

12. Have you had any communication with anyone regarding this incident? If so, please explain and attach copies of any written communication:

13. What action(s), if any, have you taken to rectify the situation? List steps taken as well as dates:

14. Have you communicated with the accused about your concern? If so, when and what response did you receive?

15. Is this matter currently under legal action, or do you believe it is legally actionable?

16. What positive result would resolve this issue for you?

Please be mindful of your professional obligation regarding confidentiality of this procedure. Your signature signifies that this request is brought in good faith.

Signature: _____ Date: _____