



PPA BYLAWS RULES & ETHICS COMMITTEE PPA ETHICS COMPLAINT FORM

1. Your name, address, email address & telephone number (Complainant's)

YOUR NAME (PLEASE TYPE OR PRINT) EMAIL ADDRESS

ADDRESS

CITY

STATE ZIP TELEPHONE NUMBER

2. Name, address, email address & telephone number of the Subject of the Complaint

YOUR NAME (PLEASE TYPE OR PRINT) EMAIL ADDRESS

ADDRESS

CITY

STATE ZIP TELEPHONE NUMBER

3. Your reason for filing the complaint (if this has already been outlined in a written and signed complaint, please state so)

4. What, if anything, has been done to resolve the complaint?

5. How would you (the Complainant) like to resolve the matter?

6. Please attach additional supporting information.

SIGNATURE

DATE

PLEASE EMAIL THIS FORM TO:

BRE@ppa.com