



## Building Officials Association of Florida

705 H West State Rd. 434, Long wood, Florida 32750

Phone (407) 265-9009

### Complaint of Alleged Violation of the Code of Ethics

When filling a formal complaint, it should be clearly understood that a copy of the complaint shall be forwarded to the individual named in the complaint and forwarded to the BOAF Executive Director.

Information disclose in this form is the property of BOAF and used at its discretion.

Completion of this form is the only method of filing a complaint.

#### Complete all items:

Name of complainant: \_\_\_\_\_

Address of complainant: \_\_\_\_\_

\_\_\_\_\_

(Phone #, Fax. #) \_\_\_\_\_

(E- Mail) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

City/ Sate/ Zip Code \_\_\_\_\_

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Name of Respondent: \_\_\_\_\_

Address of Respondent: \_\_\_\_\_

\_\_\_\_\_

(Phone #, Fax #) \_\_\_\_\_

(E-Mail) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

**Section II: Complaint of Alleged Violation**

Cite the specific violation of the BOAF Code of Ethics.

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Describe the alleged Ethic violation, including place, date, and surrounding circumstances.

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Attach supporting proof of alleged violation as applicable.

Supply a list of names and contact information of persons who might have knowledge or be a witness of the alleged violation of the Code of Ethics as applicable.

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I attest that the information submitted in and with this form is true and correct to the best of my knowledge and belief.

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

Notary Seal: \_\_\_\_\_