

GRIEVANCE INITIATION FORM

**Please note that all information provided will be held in the strictest of confidence by the RPA Grievance Coordinator. If you have questions about this form please call the Grievance Hotline: 410-246-2150*

Your Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Name of Accused Registrant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Please identify the specific section(s) of the Code of Conduct or the Standards of Research Performance alleged to have been violated, including date(s) and location(s). Provide a brief description of the nature of the alleged violations following the reference to section(s) of the Code or Standards <https://rpanet.org/code-and-standards>

Please provide the names and contact information for other individuals knowledgeable of the allegations and that may be able to provide evidence of the violation. Your identity will not be disclosed to these individuals when they are contacted unless you indicate otherwise:

Send the completed form to the Grievance Coordinator:
grievance@rpanet.org