



WYOMING ASSOCIATION
OF PROFESSIONAL ARCHAEOLOGISTS

GRIEVANCE INITIATION FORM

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Name of Accused Registrant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Indicate the specific sections of the Code of Conduct (Section XIV WAPA By-Laws) and Standards of Research Performance (Section XV WAPA By-Laws) alleged to have been violated. Provide a brief description of the nature of the alleged violations of the Code and Standards.

Provide the names and contact information for other individuals knowledgeable of the allegations and able to provide evidence of the violation.

*Please return the completed form to the current WAPA President as listed on the WAPA website
(<http://www.wyomingarchaeology.org/officers.html>)*