



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/or Standards of Research Performance (Section XV WAPA By-Laws) alleged to have been violated. Provide a **detailed** description of the nature of the alleged violation(s) of the Code and Standards. Use additional pages as necessary. Cite and attach any supporting evidence and/or sources pertaining to the alleged violation(s).

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