



Beckman Consulting Worldwide, Inc.

Ethics on Demand Division

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Email: ethicsondemand@gmail.com

Complaint Form for Professional Ethics Violation

Complainant Information

First Name		Last Name	
Home Phone		Alternate Phone	
Street Address		City	
State	Zip	Email Address	

Who or what organization or agency do you believe committed a violation

Person/Agency/Organization		
Street Address		City
State	Zip	Phone

Nature of Complaint (check all that apply)

<input type="checkbox"/> Unprofessional Conduct	<input type="checkbox"/> Bullying / Mobbing (threats, intimidation)
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Discrimination (sex, gender, race, disability, age)
<input type="checkbox"/> Billing / Accounting / Finance Fraud	<input type="checkbox"/> Conflict of Interest
<input type="checkbox"/> Contract(s) Fraud	<input type="checkbox"/> Grievance Policy / Procedure Violation
<input type="checkbox"/> Negligence	<input type="checkbox"/> Political Activity
<input type="checkbox"/> Others: (violations not listed above)	

Have you attempted to contact the person concerning your complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, what was the person's response to the complaint?

Briefly describe the facts of your complaint. Please attach a clear and concise description of the nature of your complaint (complaint letter), include facts, dates, reports, court documents, legal documents, emails, and any other documents that will support your complaint.

Have you filed a complaint with the appropriate local, state, or federal agency regarding this matter? If yes, which agency? If not, please file a complaint and attach a copy of the complaint report.

<p>Comments:</p>

AUTHORIZATION FOR RELEASE

I understand that signing this authorization is voluntary and that this form does not constitute any legal remedy or provide legal advice. I understand that the release of all records and information relevant to your complaint is for the purpose of investigation and proceedings involving issues specific to the complaint that you are submitting to Beckman Consulting Worldwide. I also consent to the release of this information to any and all regulatory agencies as appropriate for use in an investigation or proceeding against the person, agency, or organization named as the subject in this complaint. I further consent to the use of these records in a criminal investigation or proceeding by any law enforcement agency against the person, agency, or organization named as the subject in this complaint.

Name (print)

Signature

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS

Date of Complaint

Signature of Complainant

If you have questions about the complaint process, contact Brandon Beckman at Beckman Consulting Worldwide's Ethics on Demand Division either by phone 818.314.6441 or by email at bcworldwide@gmail.com or ethicsondemand@gmail.com

Please mail this form to Beckman Consulting Worldwide via email or U.S Postal Mail. After receipt of your complaint you will be issued a **unique PIN** that you will need for any future correspondence regarding your complaint.