



**CORPORATE HOUSING PROVIDERS ASSOCIATION  
ETHICS COMPLAINT**

**I. COMPLAINING PARTY:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

CHPA Member?  Yes  No

**II. PARTY IS COMPLAINING AGAINST:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

CHPA Member At Time of Alleged Violation?  Yes  No

CHPA Member At Present Time?  Yes  No

**III. COMPLAINT DETAILS:**

Date Complaint is Being Made: \_\_\_\_\_ Date of Alleged Ethical Violation: \_\_\_\_\_

Are there documents supporting your position? \_\_\_\_\_ Please include 5 copies of each attachment.

List the specific provisions of the CHPA Code of Ethics which you feel have been violated:

Set forth in detail the alleged facts that are the basis of your complaint. Attach as much documentation as possible, as the initial decision will be made based upon your complaint and the attachments thereto and the response of the opposing party. Please be as specific as possible.

Include a description of what you believe would be an acceptable resolution.

To be completed by CHPA: Complaint #: \_\_\_\_\_ Date Complaint Received: \_\_\_\_\_