

GRIEVANCE INITIATION FORM

**Please note that all information provided will be held in the strictest of confidence by the RPA Grievance Coordinator.*

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Name of Accused Registrant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Identify the specific section(s) of the Code of Conduct or the Standards of Research Performance alleged to have been violated. Provide a brief description of the nature of the alleged violations following the reference to section(s) of the Code or Standards.

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

Send the completed form to the Grievance Coordinator:

Douglas R. Mitchell, M.A., RPA

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