

ETHICS VIOLATION COMPLAINT FORM

Complainants who suspect that there has been a violation of the ARTiBA Code of Ethics can file a formal complaint, which will be duly addressed.

Please read the following carefully before proceeding:

- Fields with an asterisk (*) are mandatory
- Anonymous complaints will be rejected.

COMPLAINANT

a) Full Name*: _____

b) Contact No*: _____ c) Email ID*: _____

d) Address* (Street, City, State, Zip, Country): _____

RESPONDENT

(Details of the person who is accused of Code of Ethics violation)

a) ARTiBA Candidate ID*: _____

b) Name*: _____

c) Contact No*: _____ d) Email ID*: _____

e) Address* (Street, City, State, Zip, Country): _____

COMPLAINT



ETHICS VIOLATION COMPLAINT FORM

Do you have any knowledge of ethics complaints, regulatory grievances, or legal proceedings, whether initiated by you or another party, that pertain to the allegations presented in this Complaint form? If there are any such cases, please provide details below. If these actions have reached a resolution, please specify the outcomes and attach pertinent documentation.

Please indicate the documents you intend to submit accompanying this Complaint form. In case of multiple attachments with similar file names, please label the documents numerically. It is essential that all documents are categorized by the type and purpose of the documents.

DECLARATION AND CONFIRMATION

By signing below and submitting this Ethics Violation Form, I'm accusing the person named in it of violating the Code of Ethics. I agree to the terms and conditions described in the ARTiBA Code of Ethics. I acknowledge that the information I've provided in this application is true and correct. I hereby authorize to the Artificial Intelligence Board of America to verify the information provided if required. I understand that this will be treated as confidential information.

Signature: _____

Date: _____

Attach and submit the filled form along with any necessary documents [here](#).