

**ACVREP COMPLAINT FORM AND AFFIDAVIT**

Persons concerned with the possible violation of ACVREP’s Code of Ethics should identify the person(s) alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible. Documentation should be attached to support such allegations.

To preserve the integrity of ACVREP certification, we urge you to act conscientiously in your response by providing complete and accurate documentation. This statement should

- Identify by name, address, and telephone number the person making the information known to ACVREP,
- Identify the Code of Ethics that has been violated or any act that is a violation of criminal law which results in a conviction, and
- Provide a full description of the incident(s) that give rise to this violation.

Supplementation relating to the content or form of the information may be requested. Failure to provide the information requested or providing false information may result in denial of certification or eligibility for ACVREP certification, in accordance with ACVREP’s Disciplinary Policy.

I, \_\_\_\_\_, swear under penalty of perjury that the following information listed below is true and correct to the best of my knowledge (use other side if more space is needed):

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I, \_\_\_\_\_, also swear under penalty of perjury that the following list of attached documents, referenced by title and date, are true and correct to the best of my knowledge (use other side if additional space is needed):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, being personally known by me or who produced valid identification, appeared before me and signed this Affidavit and confirmed that the statements contained herein, and attached hereto, are true and correct.

\_\_\_\_\_Signature

Seal:

My commission expires: \_\_\_\_\_