

## ETHICS CHARGE STATEMENT

**NOTE:** This form is supplied by the International Society of Arboriculture, Inc. (ISA) to individuals, groups or organizations (Complainants) who want to submit ethical conduct allegations concerning an ISA certificant, or candidate for ISA certification. In order to start the ethics complaint process, each Complainant must complete this form, or prepare a similar detailed description of the factual allegations supporting the charges, and send this information to:

**International Society of Arboriculture, Inc.  
P.O. Box 3129  
Champaign, IL 61826-3129**

ISA strongly recommends that all Complainants review the ISA Certified Arborist Code of Ethics, located at [www.isa-arbor.com/CertificationNews.aspx](http://www.isa-arbor.com/CertificationNews.aspx), as well as the ISA Ethics Case Procedures, located at [www.isa-arbor.com/CertificationNews.aspx](http://www.isa-arbor.com/CertificationNews.aspx), before and during the preparation of an Ethics Charge Statement in order to understand the organization's procedures and ethical standards. Complainants may also telephone the ISA Director of Certification at (217) 355-9411 between 9:00 AM and 4:30 PM Central Standard Time, weekdays, with questions concerning the process.

**(Please Print In Ink or Type the Following Information)**

Complainant's Name (your name): \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Phone #: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Certificant/Candidate's (Respondent) Name: \_\_\_\_\_

Certification No. (if known, and if applicable): \_\_\_\_\_

Certificant/Candidate's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificant/Candidate's Phone No.: \_\_\_\_\_



4. List of Witnesses and Documents to be Submitted and Considered:

**STATEMENT AND CERTIFICATION OF CHARGES**

By submitting this Ethics Charge Statement, I charge the certificant/candidate identified with a violation(s) of the ISA Certified Arborist Code of Ethics. I have read the ISA Ethics Case Procedures, and I agree to abide by the conditions and terms of these rules. I understand that the information submitted to the ISA concerning this ethics proceeding will be kept confidential, as set forth in the Ethics Case Procedures. I also understand that the accused certificant/candidate (Respondent) will receive a copy of this document, as well as other information that is submitted with regard to the ethics case.

I further certify that the factual allegations made in this ISA Ethics Charge Statement are true and accurate to the best of my knowledge and that these ethics charges are made in good faith.

Signature of Complainant: \_\_\_\_\_

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