COMPLAINT OF ALLEGED VIOLATION
OF AHIMA CODE OF ETHICS

In filling a formal complaint, it should be clearly understood that a copy of the complaint shall be forwarded to
the individual named in the complaint (the respondent).

Expenses incurred in proving or disproving an alleged violation will be paid by the party incurring the expenses.

Completion of this form is the only method of filing a complaint.

Complete all Items:

Name of complainant: ____________________________________________

Address of complainant
________________________________________________________________

Place of Employment: ____________________________________________

City/State/Zip: _________________________________________________

Email: _________________________________________________________

AHIMA Member ☐ Non-Member ☐ Credentialed ☐ Which credentials:_____

Name of Respondent: ____________________________________________

Address of Respondent:
________________________________________________________________

Place of Employment: ____________________________________________

City/State/Zip: _________________________________________________

Email: _________________________________________________________

AHIMA Member ☐ Non-Member ☐ Credentialed ☐ Which credentials:_____

Revised 2.23.17, ComplaintViolationForm
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Complaint of Alleged Violation – Section II

Cite the specific code/codes section(s) allegedly violated.

________________________________________________________

________________________________________________________

________________________________________________________

Describe the alleged violation, including place, date and surrounding circumstances.

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Attach supporting proof of alleged violation.

Supply a list of names and addresses of persons who might have knowledge of the alleged violation.

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I attest that the information submitted in and with this form is true and correct to the best of my knowledge and belief.

Signature: ______________________________________________

Date: ____________________________________________________