

# Code of Conduct Complaint Request

Use this form to request a review of a situation you feel may be a violation of the 21st LD Democratic organization's Code of Conduct policy. Your request will be reviewed by the Executive Board and if deemed credible for further investigation will be assigned for processing according to the Code of Conduct Complaint Procedure. Refer to the [21dems.org](http://21dems.org) website for document references on the Code of Conduct and Procedure.

Accuser must be available to meet with investigatory committee when requested to do so.

Accuser can enter arbitration.

A 60- day timeline for the completion of the claim is expected.

\* Required

1. Email address \*

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2. Alleged Victim Accuser Name \*

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3. The Accused Name \*

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4. Date of the incident \*

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*Example: January 7, 2019*

5. Time of the incident \*

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*Example: 8:30 AM*

6. Location where the incident occurred (whether physical location in person, or online source such as email) \*

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7. Exact and short description of the claim (to concisely summarize or identify the specific Violation of the 21st LD Dems Code of Conduct (bullying/harassment) policy) \*

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8. Documentation to support the claim against the Accused (emails, texts, potential witness names, etc.)

Files submitted:

- 9. Full statement from Claimant describing the nature of the claim, the 'what happened' ie facts of the situation, and how Claimant was affected

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- 10. Date of Claim submission

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*Example: January 7, 2019*

- 11. Signature of Accuser( upload file) \*

Files submitted:

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