

**New Hampshire Association of Assessing Officials  
Ethics Complaint Form**

(Please print or type)

**Complainant**

**Respondent**

(Anonymous submissions cannot be accepted)

Name	Name
Title	Title
Company/Jurisdiction	Company/Jurisdiction
Address	Address
Telephone	Telephone
Home	Home
Work	Work
FAX	FAX
Email	Email

1. List the Provisions of NHA AO By-Laws or Code of Ethics\* to which the complaint refers:  
\*(See Preamble E. of By-Laws)

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2. Provide statement of facts pertaining to complaint (attach additional pages if more space is needed):

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3. State the source of factual information (attach copies of all relevant documents, assessment records or appraisal reports):

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4. Are you willing to provide testimony before the Ethics Committee should a hearing be held?

YES

NO

5. To your knowledge, has any other action, based on the facts alleged in this complaint, been instituted against the Respondent, whether it be a court action or other proceeding?

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6. If so, what is the status of that action?

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

*Note: Ethics complaints will be disclosed to Respondent in accordance with the Rules and Procedures of the Professional Ethics Committee of the New Hampshire Association of Assessing Officials and International Association of Assessing Officers. The Respondent must be a member in good standing of the NHA AO. Frivolous or false complaints will be subject to Ethics Committee Action.*

The Complaint Form should be placed in a sealed inner envelope marked to the attention of the Chair, Professional Ethics Committee, NHA AO, then mailed in an outer envelope to:

New Hampshire Association of Assessing Officials  
c/o NH Local Government Center  
25 Triangle Park  
PO Box 617  
Concord, NH 03302-0617

Or visit our website at [www.nhaao.org](http://www.nhaao.org) for additional contact information.