



Formal Response Form

Purpose

This form is intended for individuals who have been named as the Respondent in an Association of Change Management Professionals (ACMP) Complaint to formally respond. A copy of the original complaint is included with this form.

The Complainant and Respondents shall treat this form and all information in it as confidential. **While this is a confidential process, the complainant may be provided with a copy of this Response. Further, ACMP staff and agents, and witnesses may be made aware of the existence of a proceeding as part of this process.**

Definitions

The following individuals may be referred to in these procedures collectively as 'Participants':

Respondent: The subject of an ethics complaint or investigation.

Complainant: The person initiating an ethics complaint.

Witness: A person who provides written or oral testimony in connection with an ethics complaint.

Completion Instructions:

The Respondent must respond to the complaint by completing this form, either refuting or mitigating the charge(s) contained in the complaint. This form and accompanying documents shall be sent either via email to askccmp@acmp.info or via mail to:

Association of Change Management Professionals (ACMP)

1809 E Broadway St., Suite 173

Oviedo FL 32765

1. ACMP recommends that Respondents review the ACMP Code of Ethics and Professional Conduct and the Complaint (Ethics Review) Policy before and during the preparation of a response to a complaint to understand the organization's procedures and ethical standards. These documents may be found on the ACMP website.
2. Respondents shall be responsible for costs associated with preparing and delivering this response and all personal costs related to their involvement in the complaint process, including, but not limited to, any travel costs and legal presentations fees and expenses.
3. Failure to provide a response to the complaint, or to respond fully, accurately, and in good faith, may subject you to sanctions stated in the Complaint Policy including a determination that the allegations of the Complaint are true and that the appropriate disciplinary sanctions be carried out.



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Required Information

1. Complete the form. If any of your contact information provided in the Formal Complaint Form is incorrect or incomplete, then provide the correct information below. Otherwise, please leave blank.

Name (Your Name, the Respondent)

Address: _____

Phone Number (Day time hours) _____ (Evening hours) _____

E-mail address: _____

2. Provide a written statement below of the key facts of the situation surrounding the alleged complaint. Include specific points about the allegations of the complaint and answer each specific allegation separately.

This summary must include the most important facts, which you, the Respondent, believe support your response. Each fact should clearly refute the allegations of the complaint in an organized manner or otherwise explain your, the Respondent's, actions in sufficient and clear detail. *Clarity and accuracy are key when refuting a complaint.* While it may not always be the case, generally the more facts provided on this form in your defense, the more likely it is that a complaint will be dismissed without the requirement of further proceedings.

Allegations of the complaint that are not denied may be deemed admitted. Failure to refute or deny significant factual allegations of the complaint could permit determination that the allegations or some of the allegations of the complaint are true.



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3. To the best of your knowledge, are there any other ethics, regulatory or court complaints that have been filed by you or anyone else that relates to the same or similar allegations contained in this complaint form? If so, identify such complaints or other actions below. If any such actions have concluded, please describe specifically the results and attach relevant documentation.

The Respondent should identify any actions taken that are directed at the same or related complaints. For example, the Respondent should identify any matters filed with state licensure, regulatory boards, courts or other judicial forums, professional organizations, and employers that related to the issues raised in the complaint. Such actions should be listed regardless of who the individual filing the matter is. Note that the ACMP will not consider a complaint when civil, criminal or regulatory proceedings are ongoing. You are under a continuing obligation to advise of any additional complaints which may be filed subsequent to the time that you submit this Formal Response Form or which were previously filed but that you did not have knowledge of previously or at the time this Response was submitted.

4. List all persons that you believe have knowledge of the matter(s) asserted in this complaint and this response and a brief description of what each person's knowledge is regarding the alleged complaint or violation.

Please provide each individual's full name, address, telephone number, and other contact information (e.g., email address). The CGC is permitted to contact any individual listed here or other individuals as part of the complaint review process.



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5. List all of the documents attached to this Formal Response Form. If there are numerous attachments, use an indexing format by numbering documents as Attachment 1, Attachment 2, Attachment 3, etc.

All documents must be listed by document type (e.g., letter, e-mail, memo, certificate, etc.) and must include a date and the name of the individual or organization that prepared it. All documents listed in this section must be submitted to the address provided in the instructions, along with this formal Response Form at the same time that this Response is submitted. In certain circumstances (such as, the volume is so large as to make hard-copy delivery cost prohibitive), the Respondent may be permitted to send attachments to this form in electronic form only).

6. Statement to Certify a Complaint has Occurred

By submitting this Formal Response Form, I affirm that I have read the ACMP Code of Ethics and Professional Conduct and Complaint (Ethics Review) Policy and I agree to abide by the conditions and terms of these rules. I understand that I am required and the ACMP will make reasonable effort to keep the information that has been submitted concerning this proceeding confidential. I also understand that the Complainant may receive a complete copy of this document, as well as other information that is submitted regarding the proceeding. I acknowledge and agree that the ACMP may contact individuals who may be witnesses. I allow the ACMP to provide a copy of this Formal Response Form to ACMP Headquarters staff in the event that it alleges false or improper use of an ACMP certification designation. Further, I understand that some or all of the information submitted with regard to this matter may be disclosed to ACMP members and others following a final determination by the appropriate committee (only if necessary).

I further certify that the factual allegations made in this Formal Response Form are true and accurate to the best of my knowledge and are made in good faith.

Signature: _____

Printed Name: _____

Date: _____