

American Society of Professional Estimators

CODE OF CONDUCT - GRIEVANCE



ATTENTION: SOCIETY GOVERNANCE COMMITTEE

OVERVIEW:

Name _____ Membership Classification (E, CPE, FCPE, AEP, ME) _____

Region _____ Chapter Number _____ Chapter Name _____

Home Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

OVERVIEW OF GRIEVANCE OR APPEAL:

Date of Violation: _____ Time Violation Occurred: _____

Location of Violation: _____

ASPE Involved Members: _____

Provide an overview of the reported violation: _____

Additional Page(s) attached (*providing background / details of the reported violation*)

Optional: To this Report, I have uploaded document(s) in support of these allegations.

Signature _____ Date Submitted _____

GRIEVANCE PROCEDURES:

- Must be submitted within fifteen (15) days of the qualifying event, and use of this form is encouraged.
- The basis of the Grievance is to be outlined, including all necessary information to allow for consideration.
- As needed, the alleged violation will be forwarded to the Investigative Committee for research and recommendation.
- Following receipt, the Governance Committee will consider each written statement, as well as (any) Investigative Committee recommendation.
- Grievances will be resolved within 45-60 days of receipt, with a report sent to the person filing the Grievance.
- Any actions taken by a majority of a quorum of the Governance Committee and/or Board of Directors shall be final.

Submit completed form(s) to ecersosimo@ASPENational.org

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OVERVIEW OF GRIEVANCE:

RESOLUTION STEPS TAKEN:

Date Received _____ Time _____ Receipt Method _____

Received By _____ Receiver Title _____

Date Emailed / Forwarded to Governance Committee: _____ Time _____

Actions of Governance Committee

Forwarded to Investigative Committee Date Forwarded _____

Forwarded to Board of Directors Date Forwarded _____

Other _____ Date Forwarded _____

Notes _____

Governance Resolution _____

Governance Committee – Resolution Date _____

Party Notified _____ Notification Date _____

Party Notified _____ Notification Date _____