



TEANA ETHICS CLAIMS FORM

(Please remember: Only TEANA Members can file Claims against other members. This is a membership benefit.)

Date: _____

Claim Made By:

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Claim made Against:

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Phone: _____ Email: _____

Nature of Claim Made:

Has there been initial conversation to resolve this issue? (Yes or No) If Yes, please explain participants and date and any pertinent conversation:

Description of Claim: (include date of activity and attach any supportive paperwork)