



**CANADIAN DECORATORS' ASSOCIATION OFFICIAL COMPLAINT FORM**  
**Request to Review Alleged Misconduct Related to the CDECA Code of Ethics**

**COMPLAINANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred telephone number and time of day:\_(\_\_\_\_)\_\_\_\_\_   
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

**ALLEGED RESPONDENT:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone:\_( \_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

**ALLEGED VIOLATION:**

Date and place of alleged violation: \_\_\_\_\_  
Describe in detail the specifics of the alleged violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why, in your opinion, the allegation above may be a violation of CDECA's Code of Ethics: (Note: the CDECA Code of Ethics can be referenced on our website's home page at [www.cdeca.com](http://www.cdeca.com)).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If there is insufficient room for your comments, please attach an extra sheet. Please be sure to include any other documentation that supports this complaint.

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**PLEASE SIGN AND DATE THIS DOCUMENT**

I affirm that, to the best of my knowledge, the information above is true, accurate and complete.

Print name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_

**VERY IMPORTANT:** Mark your envelope CONFIDENTIAL and return this form to:  
CDECA Director of Ethics, 10 Morrow Avenue, Toronto, Ontario, M6R 2J1.