



# DBIA Code of Professional Conduct Complaint Form



## Instructions to Individuals Completing this Complaint Form

*\* Please Read These Instructions Before Proceeding \**

A. This Code of Professional Conduct Complaint Form (“Complaint Form”) is supplied by the Design-Build Institute of America (“DBIA”) to individuals, groups or organizations (“Complainants”) who want to submit an ethics complaint regarding the conduct of an individual who is: (1) a Designated Design-Build Professional; or (2) a Designated Associate Design-Build Professional (each a “Respondent”).

B. All complaints must relate to one or more specific provisions of the DBIA Code of Professional Conduct.

C. To start the Formal Complaint process, each Complainant must complete this Complaint Form, mark it “*PERSONAL AND CONFIDENTIAL*” and send it to:

Design-Build Institute of America  
Attn: Executive Director  
1001 Pennsylvania Avenue NW  
Suite 410  
Washington, DC 20004

D. It is DBIA’s policy to forward a copy of all substantiated Complaint Forms to the Respondent.

E. The Complainant must attach all relevant documentation to this Form. Completed Complaint Forms must include detailed information related to the complaint, including a copy of any relevant documentation. No complaint shall be considered complete until DBIA receives all required documentation, which includes:

- (1) the completed Complaint Form
- (2) all applicable supplemental information requested on the Complaint Form and
- (3) all documentation and other information requested in writing by DBIA. Incomplete complaints will not be reviewed by DBIA. In addition, anonymous complaints and/or trivial complaints are not permitted and will not be reviewed by DBIA.

F. **Complainants must review the [DBIA Code of Professional Conduct](#) and review any complaint policies and procedures before and during the preparation of a complaint in order to understand the organization’s procedures and standards.** The above documents may be found on the DBIA website.

G. Complainants are responsible for all costs (e.g., legal, administrative, etc.) associated with the filing of a complaint and all personal costs related to their involvement in the complaint process.

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**1. Please fill in the following information. If there is more than one Complainant or Respondent, attach additional pages to provide the same information to all individuals. PLEASE NOTE THAT IF YOUR COMPLAINT IS ACCEPTED, YOUR NAME AND THE CONTENTS OF THIS COMPLAINT FORM MAY BE DISCLOSED TO THE RESPONDENT.**

**A. Complainant Information**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone (Day):** \_\_\_\_\_ **Phone (Evening):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**B. Information regarding the Respondent against whom the complaint is filed. The respondent must be an individual, not an entity who is: (1) a Designated Design-Build Professional®; or (2) a Designated Associate Design-Build Professional®.**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Nature of the Alleged Violation**

**2. Provide a statement of what you consider to be the essential facts involved in the alleged violation of the DBIA Code of Professional Conduct:**

**Note:** This should be a summary of the most important facts which the Complainant believes support the issuance of a formal complaint by DBIA. This factual statement must include a clear explanation of the alleged conduct of the Respondent which violates the Professional Code of Conduct. The submission of this complaint is subject to review by DBIA to determine, in its sole discretion, whether charges should be pursued. The statement need not include all of the information that the Complainant is prepared to present; however, the Complainant must explain the facts in sufficient detail to permit the Respondent to answer the complaint allegations in the event that DBIA accepts this complaint. (If the space below is not sufficient, additional pages may be used and attached.)

Each fact should be numbered or otherwise identified, so that it can easily be related to a specific provision of the DBIA Code of Professional Conduct.

**3. State the applicable provisions of the Code of Professional Conduct related to the Respondent's alleged violations:**

**Note:** The Complainant must list all provisions of the Code of Professional Conduct that the Complainant believes have been violated. Relevant portions shall be referred to by appropriate section numbers, where appropriate. The DBIA Code of Professional Conduct includes both Ethical Rules and Comments; DBIA will only consider alleged violations of the Ethical Rules.

Please specifically identify under each such provision of the Code of Professional Conduct the fact or facts that tend to show that a violation has occurred.

**4. To the best of your knowledge, are there any other ethics complaints, regulatory complaints, or court actions that have been filed by you or anyone else that relate to the same or similar allegations contained in this Complaint form? If so, identify such complaints or other actions below.**

**Note:** The Complainant should list any actions taken or contemplated that are directed at the same or related complaints. For example, the Complainant should identify any matters filed with state licensure or regulatory boards, courts or other judicial forums, professional organizations, and employers that relate to the issues raised in this complaint. Such actions should be listed regardless of who the individual filing the matter is. You are under a continuing obligation to advise DBIA of any additional complaints which may be filed subsequent to the time that you submit this complaint or which were previously filed but that you did not have knowledge of at the time this complaint was submitted.

**5. List all persons you believe have knowledge of the matters you have asserted in this Complaint Form and a brief description of what each person's knowledge is regarding the alleged violation.**

**Note:** Please provide each individual's full name, address, telephone number, and other contact information (for example, e-mail address, to the extent known).

**6. List all documents which you believe to be relevant to the matters asserted in this complaint.**

**Note:** All documents must be listed by type (e.g., letter, e-mail, memo, certificate, etc.), date, and the name of the individual or organization that prepared it. All documents listed in this section must be submitted to DBIA along with this complaint at the same time that this complaint is submitted. If the complaint is being submitted electronically, then all documents must be mailed promptly after the submission of the complaint in electronic form to the address listed above.

**7. Release and waiver.**

The undersigned hereby gives consent to DBIA, its officers, directors, committee members, staff, members of the DBIA Certification Board, or other members (“Released Parties”) for the disclosure of the Complaint and all other submissions by or on behalf of Complainant to: (1) the Respondent(s) named in the Complaint and any counsel or advisor designated by Respondent(s); (2) the DBIA directors, officers, committee members, Certification Board, and staff whose access to the submissions is necessary for the resolution of the proceeding; and (3) the membership and the public generally in the event a Respondent is found in violation of the Code of Professional Conduct and a non-confidential sanction is imposed.

THE UNDERSIGNED, INDIVIDUALLY AND ON BEHALF OF ANY FIRM OF WHICH THE UNDERSIGNED IS AN OWNER OR MANAGER, AGREES TO RELEASE AND WAIVE AND AGREES NOT TO SUE THE DBIA OR ANY RELEASED PARTIES FOR ANY DAMAGES RESULTING OR ALLEGED TO RESULT FROM THE FILING OF THIS COMPLAINT, INCLUDING DBIA'S RECEIPT, REVIEW, AND ANY ACTION THEREON, INCLUDING PUBLIC DISCLOSURE OF ITS CONTENTS.

*Continued on Next Page*

**8. Statement and certification.**

By submitting this Complaint Form, I charge the Respondent identified herein with a violation(s) of DBIA's Code of Professional Conduct. I have read DBIA's Complaint policies and procedures and I agree to abide by the conditions and terms of these rules.

I understand that I am required to and DBIA shall make reasonable efforts to keep the information that has been and will be submitted concerning this ethics proceeding confidential. I also understand that, if this Complaint is accepted, the Respondent will receive a complete, non-redacted copy of this document, as well as other information that is submitted with regard to the proceeding.

I further certify that the factual allegations made in this DBIA Code of Professional Conduct Complaint are true and accurate to the best of my knowledge and that these charges are made in good faith.

Signature of Complainant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DBIA Member:

**No**      **Yes**

If Yes, please provide your DBIA Member Number:

\_\_\_\_\_

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

**If Complainant has legal counsel, fill out below:**

Name of Lawyer: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (Day): \_\_\_\_\_ Email: \_\_\_\_\_