**CCD Code of Participation**

**Alleged Violation Confidential Complaint Paper Form**

This completed paper form should be emailed to [feedback@c-c-d.org](mailto:feedback@c-c-d.org). If you submit a paper form and want complete anonymity, your name and contact information will be deleted prior to the complaint being shared with the Membership Committee. Should you have any questions about this form or process and/or the form is not accessible to you, please email [feedback@c-c-d.org](mailto:feedback@c-c-d.org). General questions including about accessibility of the process will be directed to the CCD Board Chair and Membership Committee Chair.

To submit a complaint of an alleged violation to be considered by the CCD Membership Committee please answer the following questions:

*\* are mandatory questions*

1. \*Are you submitting this complaint on behalf of (select 1):

\_\_ A CCD Member Organization

\_\_ Yourself as someone who represents a CCD Member Organization

\_\_ All current Co-Chairs of a CCD Task Force

2. \*Providing your name and contact information allows the Membership Committee to reach out and ask any necessary follow-up questions and gather more details. Please indicate your comfort level with providing your name, contact information, member organization and Task Force if applicable (select 1):

\_\_ I am comfortable providing my name and contact information and it being shared with the CCD Board, Membership Committee and if a full investigation is warranted, the accused

\_\_ I am comfortable providing my name and contact information only to the Membership Committee for follow-up and clarification purposes; I want my name to remain anonymous beyond the Membership Committee

\_\_ I want to remain entirely anonymous and am not comfortable providing my name and contact information

3. If you are comfortable doing so, provide your name and contact information.

Name: [Enter name here]

Email Address: [Enter Email address here]

Phone Number: [Enter Phone Number here]

Organization: [Enter Organization here]

Task Force (if applicable): [Enter Task Force here]

4. If you are submitting this complaint as an individual rather than having your organization submit it you may share why but are not required to do so. For example, you may want to express concern but others in your organization may not.

[Enter text here]

5. \*Please indicate which CCD member organization(s) or member organization’s individual representative(s) you believe to have violated the Code.

[Enter text here]

6. \*Please indicate how the membership organization or individual member of a CCD organization has violated the Code (select all that apply):

\_\_ Ascribing positions to CCD or a CCD task force that do not represent the official CCD or task force position; Participating in task force discussions in bad faith by revealing non-public information concerning individual or agency positions or strategies learned during task force discussions;

\_\_ Failing to temporarily withdraw their participation from specific task force activities regarding a CCD position with which the member organization disagrees and the failure to do so has resulted in damage to the reputation of CCD;

\_\_ Engaging in personal attacks by an individual representative or the member organization on an individual representative member, organization, chair of a particular task force, or CCD as a whole;

\_\_ Engaging in racist, ableist, sexist, xenophobic behavior; LGBTQ+ based discrimination; or religious intolerance contrary to CCD’s values and mission as an individual representative of a member organization or the member organization. Please refer to the bottom of this for definitions of select terms.

7. \*Please include details about why you believe the member organization(s) or the organization’s individual representative(s) has violated the Code.

[Enter text here]