



## **Spatial Information & Cartography Commission Certification Panel**

### **Complaint Submission Form**

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The Spatial Information & Cartography Commission Certification Panel (SICCP) supplies this form for individuals (complainants) who wish to submit a complaint against a GISP-AP Certificant (a person who has been certified as a Geographic Information Systems Professional – Asia Pacific by the Spatial Information & Cartography Commission Certification Panel (SICCP) of the Surveying and Spatial Sciences Institute (SSSI)).

This complaint form is an official form and must be completed in its entirety, signed and submitted to the Chair of the Spatial Information & Cartography Commission Certification Panel (SICCP), along with suitable documentation in support of the complaint. The Submission must be marked “Confidential” and mailed to: The Chair of the SICCP, Surveying and Spatial Sciences Institute, P.O. Box 307, Deakin West, ACT 2600, Australia.

Because the complaint form will be copied, do not highlight information within the complaint form, do not staple pages, and do not mark pages with tabs of any sort.

The Spatial Information & Cartography Commission Certification Panel (SICCP) requires that you review the [GISP-AP Code of Ethics and Rules of Conduct](#) and the [Spatial Information & Cartography Commission Certification Panel \(SICCP\) Procedures for Reviewing and Adjudicating Complaints against GISP-AP Certificants](#) before completing this complaint submission form. These documents are available on the Spatial Information & Cartography Commission Certification Panel’s (SICCP’s) website at <http://www.spatialsciences.org.au/professional-certification/Level-2-spatial-information.asp>. This review will assist you in understanding the SICCP’s complaint procedures, and the ethical standards and nature of professional conduct that the Surveying and Spatial Sciences Institute requires of its GISP-AP Certificants. You may also telephone the Surveying and Spatial Sciences Institute’s administrative offices at (02) 6282-2282 (within Australia) or +61-2-6282-2282 (International), weekdays, with questions concerning the complaint process, to obtain the aforementioned materials, or to request information in alternative format.

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(Please Type or Print Legibly)

**SECTION I**

**THE COMPLAINANT (the person making the complaint)**

Name of Complainant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Are/were you a client of the Respondent (the GISP-AP certificant against whom the complaint is being made)?

Yes                       No      (Tick one)

Are you a GISP-AP certificant?

Yes                       No      (Tick one)

Have you filed this complaint with other organisations?

Yes                       No      (Tick one)

If your answer to the above question is yes, please indicate below where else this complaint has been filed. If you tick one or more items below, please attach existing documents and a description of the status of the complaint.

Professional organisation  
Organisation: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Court of law  
Organisation/Jurisdiction: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Other  
Organisation: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**SECTION II**

**THE RESPONDENT (the GISP-AP certificant against whom the complaint is being made)**

Name of Respondent: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**SECTION III**

**DETAILS OF THE COMPLAINT**

Event #1

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

Place: \_\_\_\_\_

Cite the specific section(s) of the "GISP-AP Code of Ethics and Rules of Conduct" alleged to have been violated by the Respondent, if applicable:

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

Cite the nature of the improper conduct alleged to have been engaged in by the Respondent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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List the names, addresses, phone numbers and email addresses of all persons who have definite knowledge of the alleged violation(s) of the "GISP-AP Code of Ethics and Rules of Conduct" or alleged improper conduct.

(a) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(b) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(c) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Event #2

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

Place: \_\_\_\_\_

Cite the specific section(s) of the "GISP-AP Code of Ethics and Rules of Conduct" alleged to have been violated by the Respondent, if applicable:

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

Cite the nature of the improper conduct alleged to have been engaged in by the Respondent.

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List the names, addresses, phone numbers and email addresses of all persons who have definite knowledge of the alleged violation(s) of the "GISP-AP Code of Ethics and Rules of Conduct" or alleged improper conduct.

(a) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(b) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(c) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Event #3

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

Place: \_\_\_\_\_

Cite the specific section(s) of the "GISP-AP Code of Ethics and Rules of Conduct" alleged to have been violated by the Respondent, if applicable:

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

Cite the nature of the improper conduct alleged to have been engaged in by the Respondent.

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

List the names, addresses, phone numbers and email addresses of all persons who have definite knowledge of the alleged violation(s) of the "GISP-AP Code of Ethics and Rules of Conduct" or alleged improper conduct.

(a) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(b) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(c) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION IV**

**SUPPORTING DOCUMENTATION**

**Supporting documentation/evidence is REQUIRED and must be supplied.** Include supporting documentation/evidence to substantiate the allegation(s). The supporting documentation/evidence may be submitted in either hardcopy or digital (i.e. CD-ROM) format. Failure to do so will result in a determination that the complaint has not been completed in its entirety. **List the supporting documentation/evidence that is included:**

Event #1

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Event #2

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Event #3

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**STATEMENT OF UNDERSTANDING/WAIVERS:**

1. By signing this form, I affirm that the allegations set forth in this complaint and any accompanying materials are based on my own personal knowledge and are true and correct to the best of my knowledge and belief. I further affirm that I have submitted any and all information and materials currently available to me that I believe relate to the allegations set forth in the complaint. I understand and agree that all information and materials provided by me in connection with this complaint may be used as evidence by the Spatial Information & Cartography Commission Certification Panel (SICCP), or by a Complaint Tribunal or Appeal Tribunal acting on its behalf.
2. Further, by signing this form, I acknowledge that all information, including a copy of this complaint form, any accompanying letters of complaint and supporting documentation will be submitted to the Respondent (in the event that the complaint is accepted for adjudication).
3. Further, by signing this form, I acknowledge that I must treat all information as confidential and that the Spatial Information & Cartography Commission Certification Panel (SICCP), or a Complaint Tribunal or an Appeal Tribunal acting on its behalf, will keep all information it receives strictly confidential, except if it discloses the information to its legal representative, the Respondent, or me, or is required by law, court order, or in compliance with the “Spatial Information & Cartography Commission Certification Panel Procedures for Reviewing and Adjudicating Complaints Against CISP-AP Certificants”, to disclose the information.
4. Further, by signing this form, I acknowledge that I have read the “GISP-AP Code of Ethics and Rules of Conduct” and the “Spatial Information & Cartography Commission Certification Panel Procedures for Reviewing and Adjudicating Complaints Against GISP-AP Certificants” and understand the procedures that will be followed to process this complaint.
5. Further, by signing this form, I allow the Spatial Information & Cartography Commission Certification Panel (SICCP) to submit any information provided about the complaint by me to any other professional organisation that enforces a Code of Ethics and/or Rules of Conduct of which the GISP-AP Certificant (Respondent) is a member or is an applicant for membership, or is a certificant or applicant for certification, if the SICCP finds that the GISP-AP Certificant (Respondent) has engaged in improper conduct and it imposes a sanction of censure on the Respondent, or a sanction suspending or revoking the GISP-AP Certificant’s (Respondent’s) GISP-AP Certification.
6. *(Applicable only where this complaint is being filed by a current or former client of the GISP-AP Certificant and the complaint relates to the services provided to such client.)* Further, by signing this form, I hereby grant permission to the GISP-AP Certificant (Respondent) to release all records of interactions between me and the GISP-AP Certificant (Respondent) to the Spatial Information & Cartography Commission Certification Panel (SICCP) and to answer all questions the SICCP, or a Complaint Tribunal or an Appeal Tribunal, or their respective Chairs, may ask concerning those interactions. Thus, the entire contents of my file, including documents from other service providers, may become part of the evidence.
7. Further, by signing this form, I acknowledge that I have retained a copy of this Complaint Form and all accompanying documentation/evidence in the package of documents/materials being submitted in relation to this complaint to the Chair of the Spatial Information & Cartography Commission Certification Panel (SICCP).

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Signature of Complainant

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Date