



NATIONAL ASSOCIATION OF FIRE INVESTIGATORS
4900 Manatee Ave W Unit 104, BRADENTON, FLORIDA 34209
877-506-NAFI 941-242-2323

MEMBER GRIEVANCES AND COMPLAINT FORM

COMPLAINANT

NAME: _____

ADDRESS: _____

PHONE NO: _____

NAFI Member Yes _____ No _____ CFEI Yes _____ No _____

MEMBER NAMES IN COMPLAINT

NAME: _____

ADDRESS: _____

PHONE NO: _____

NAFI Member Yes _____ No _____ CFEI Yes _____ No _____

DETAILS OF VIOLATION

DATE OF OCCURRENCE: _____

DESCRIPTION OF VIOLATION (use additional page if necessary): _____

EVIDENCE INCLUDED (i.e., transcripts, reports, etc.): _____

IS THERE ANY OPEN CRIMINAL OR CIVIL CASES INVOLVING BOTH YOU AND THE OTHER PARTY? Yes _____ No _____

Signature of Complainant

Date

Please send complaint form to:

Kathryn Smith, Chairman Board of Governors
Ksmith@nafi.org

OFFICE USE ONLY
Date Received
Date Forwarded to ICB.
Date Forwarded to Board

Date Complaint Request Received _____
Complaint Package Sent to Complainant _____
Date Complaint Received _____
Date Accused Member Notified _____
Date of ICB Review _____
Date Presented to Chairman BOG _____
Date Presented to Board of Governors _____
Appeals Date _____
All Parties Notified of Final Deposition _____
Date File Closed _____

COMMENTS _____

INVESTIGATION ASSIGNED

YES _____ **NO** _____

RECOMMENDATION OF INTERNATIONAL CERTIFICATION BOARD

Signature of Chairman, ICB

Date

BOARD OF GOVERNORS ACTION

Signature of Chairman, BOG

Date

ACCUSED MEMBER NOTIFIED OF ICB ACTION

Date _____

COMPLAINANT NOTIFIED OF ICB ACTION

Date _____