IA Certification Complaint Form

IACB has established policies and procedures to fairly and consistently address alleged violations. Complaint procedures are designed to ensure that valid and actionable complaints are investigated and considered, and that all parties involved in the complaint have an opportunity to document circumstances warranting the complaint and to respond. Please see the IA Certification Candidate Handbook for the complete Discipline and Appeals Policy.

If you would like to file a complaint against a certified professional, please complete all requested information and send to:

Professional Development Director
Irrigation Association
8280 Willow Oaks Corporate Drive, Suite 400
Fairfax, VA 22031
Fax: 703.536.7019 certification@irrigation.org

Contact Information:
Complainant Name: ___________________________________________________________
Phone Number (office): _____________________ (Cell) ______________________________
Email Address: ______________________________________________________________
Mailing Address: _____________________________________________________________
Name of Accused: ____________________________________________________________
Irrigation Association Certifications Held by Accused: ______________________________
Description of Complaint: ______________________________________________________
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IA Certification Complaint Form
Page 2

What Irrigation Association Certification Board Policy was violated, if known? ______________

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Why do you believe this policy was violated? ______________________________

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Details of Complaint: (Provide dates, location, project name, owner’s name, correspondence, and other supporting documentation to validate the complaint) _________________________

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By signing this document, I understand that if this complaint is determined to be actionable by
the Certification Board, the person I am making a complaint against will be provided all of the
information provided to the Board for their review and to provide a rebuttal to the complainant
made against them.

Signature of Complainant: ____________________________ Date: ____________________