

P.A.B. CODE OF PROFESSIONAL PRACTICE COMPLAINT FORM

The PAB takes its Code of Professional Practice very seriously. PAB Registered Architects must act in a lawful and ethical fashion for the benefit of the public, the profession and the companies and individuals to whom they provide professional services.

The PAB is committed to enforcing its Code of Professional Practice, and has formal procedures that allow fair and objective review of allegations and evidence of violations to the PAB Code of Ethics. The PAB Disciplinary Committee has the responsibility of formally reviewing any charges and evidence of ethics violations. The PAB Code of Professional Practice is available at <http://bahamasarchitects.com>

Complaint Submission

Any PAB Registered Architect, or member of the public, may submit a written complaint to the PAB Disciplinary Committee using the form below. The complaint must include the following at a minimum:

1. A detailed description of the facts known and circumstances relevant to the complaint
2. The Complainant's source(s) of information, the names, addresses, phone numbers and other contact information for and of witnesses and other knowledgeable individuals as known.
3. Any and all supporting information or evidence
4. The section or sections of the PAB Code of Professional Practice violated

Each complaint will be reviewed for completeness and forwarded to the PAB Disciplinary Committee to initiate the review process. If not enough information is present to initiate a review, the form will be returned to the complainant requesting more information.

If enough corroborating evidence is available to support a thorough investigation, the identity of the accuser will not be necessarily divulged to the individual being investigated. If the investigation relies more heavily on testimony from a single source or the evidence presented obviously implicates the identity of the accuser, it may not be possible for the accuser to remain unidentified.

Submitter Information

* Name	<input type="text"/>
* Employer	<input type="text"/>
* Address	<input type="text"/>

* Email
* Confirm Email
* Phone
PAB Analyst Number

Violator Information

* Name
* Employer
* Address
* Email
* Confirm Email
Phone
PAB Analyst Number

Section(s) of PAB Code of Ethics Violated:

- To the Public
- Article:
- Article:

- To the Client
- Article:
- Article:

- To the Profession
- Article:
- Article:

Please provide a detailed description of alleged violation(s) (Use as much space as needed). Please include approximate dates and times of violations (if known):

*

Supporting Information:

Please provide a list of names and contact information for individuals that will be able to provide

corroborating information supporting the violations(s).

Name

Employer

Address

Email

Confirm Email

Phone

PAB Analyst Number

Name

Employer

Address

Email

Confirm Email

Phone

PAB Analyst Number

Name

Employer

Address

Email

Confirm Email

Phone

PAB Analyst Number
