



Request for a Code of Professional Conduct (COPC) Review

Information about requestor (Please type or print legibly)

<i>First Name / Given Name</i>	<i>Middle Name or Initial</i>	<i>Last Name / Surname</i>
--------------------------------	-------------------------------	----------------------------

<i>Email Address</i>	<i>Phone number</i>
----------------------	---------------------

<i>Street Address</i>	<i>City</i>	<i>State / Country</i>	<i>ZIP / Postal Code</i>
-----------------------	-------------	------------------------	--------------------------

<i>Sponsoring CMMI Institute Partner Organization Name (if applicable)</i>	<i>Division, Department, or Branch</i>
--	--

<i>CMMI Institute Partner Organization Point of Contact & Phone Number</i>	<i>POC Email Address</i>
--	--------------------------

CMMI Institute Program involved in the case to be reviewed (check all that apply)

<input type="checkbox"/>	CMMI Training
<input type="checkbox"/>	SCAMPI Appraisals
<input type="checkbox"/>	License Partner Agreement
<input type="checkbox"/>	Other, Specify:



Please briefly describe the nature of the alleged COPC violation(s); include all relevant background information available (e.g., dates, persons, organizations, locations).

Also describe what action you are requesting the CMMI Institute to take.

If more space is needed, attach additional sheets.

Confidentiality

CMMI Institute will:

- *Protect the identity of you or your client unless we have explicit permission to disclose it*
- *Proactively distinguish information that can be disclosed from confidential or privileged information. Exercise due care to ensure that confidential or privileged information remains so, even after a review has ended.*
- *Not copy or use materials, tools and other artifacts received without explicit permission to do so, even if client references are removed.*

Internal Use Only – Describe plans for addressing this concern.



Statement of Accuracy

I certify that all of the information included in this Request for Review is true, complete, and accurate to the best of my knowledge and belief. I understand that all aspects of this case are subject to verification and investigation, and I give my permission for any person or entity to provide CMMI Institute with information relevant to such verification and investigation.

Signature

Date

Receipt of this form will be acknowledged to the named requestor within 3 business days of receipt. The Ethics and Compliance reviewer will contact the named requestor within 30 days of receipt of this form, and will indicate whether or not this request for review has been accepted.

Any questions regarding this form, regarding the status of a review request, or regarding review procedures, should be directed to ethics-compliance@cmmiinstitute.com

This form should be submitted directly to CMMI Institute Ethics and Compliance:

CMMI Institute
ATTN: Ethics & Compliance
11 Stanwix Street
Pittsburgh, PA 15222
Phone: 412-282-4033
Fax: 412-282-4053
E-mail: ethics-compliance@cmmiinstitute.com

CMMI Institute does not discriminate and CMMI Institute is required not to discriminate in admission, employment, or administration of its programs or activities on the basis of race, color, national origin, sex or handicap in violation of Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 or other Federal, state, or local laws or executive orders. In addition, CMMI Institute does not discriminate in admission, employment, or administration of its programs on the basis of religion, creed, ancestry, belief, age, veteran status, sexual orientation or in violation of Federal, state or local laws or executive orders.