



AHIMA CODE OF ETHICS VIOLATION COMPLAINT FORM

Completed forms are to be submitted to AHIMA via email to professiongovernance@ahima.org. The complaint must be made within one year of the date the complainant became aware of the alleged violation or within one year from the issuance of a final decision in an administrative, licensure board, or judicial action involving the facts asserted in the complaint. Completion of this form is the preferred method of filing a complaint. Incomplete forms will not be reviewed. Expenses incurred in proving or disproving an alleged violation(s) will be paid by the party incurring the expenses.

If the Respondent is NOT a current member of AHIMA, this complaint will not be reviewed by AHIMA. Complaints through this process can only be made against individuals; complaints cannot be made against organizations.

If the Respondent is a non-member of AHIMA but currently credentialed by AHIMA, this complaint will be reviewed by the Commission on Certification for Health Informatics and Information Management (CCHIIM).

Individual Filing Complaint (Complainant)	
Name	
AHIMA Member #	
AHIMA Credentials	
Employer	
Telephone	
Email	
Mailing Address	
City/State/Zip	

Complaint Being Filed Against (Respondent)	
Name	
AHIMA Member #	
AHIMA Credentials	
Employer	
Telephone	
Email	
Mailing Address	
City/State/Zip	

In accordance with AHIMA's Professional Code of Ethics, please indicate which ethic principle(s) (section and subsection) is alleged to have been violated. If specific sections and/or subsections are not listed, AHIMA may not address the complaint.

Please describe the alleged violation, including dates, and surrounding circumstances with specific details to support your complaint. Attach any additional supporting evidence of alleged violation if needed. If sufficient evidence and background information are not provided, AHIMA may not address the complaint.

List names of individuals (and their contact information - telephone and email) who may have knowledge of the alleged violation. These individuals may be contacted by AHIMA's Professional Ethics Committee and/or CCHIIM.

- I attest that the information submitted above is true and accurate to the best of my knowledge and belief.

AHIMA will advise the Complainant via email that AHIMA has received the Complaint and will take such action as it deems appropriate. No further information shall be provided to the Complainant.

Name (please print):

Signature:

Date: