



CODE OF ETHICS VIOLATION COMPLAINT FORM

It is important for the complainant to provide accurate and detailed information, and to fill out all fields marked with an asterisk (*). Anonymous complaints will not be accepted. Attach and submit the filled form along with any necessary documents [here](#).

The Complainant

- a) First Name*: b) Last Name*:
- b) Contact Number*: c) Email ID*:
- d) Address* (Street, City, State, Zip, Country):

The Alleged Violator

(Details of the person who is accused of Code of Ethics violation)

- a) USPEC Candidate ID*:
- b) First Name*: c) Last Name*:
- d) Contact Number*: e) Email ID*:
- f) Address* (Street, City, State, Zip, Country):

Complaint



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Please confirm if you have any knowledge of ethics complaints, regulatory grievances, or legal proceedings that relate to the allegations mentioned in this Complaint form. Whether you or someone else initiated these cases, please provide the details in the space provided below. If these matters have already been resolved, it is important to indicate the outcomes and attach the relevant documentation. Additionally, please list the documents you plan to include with this Complaint form and ensure that they are labeled according to their type and purpose. If you have multiple attachments with similar file names, kindly label them numerically to avoid confusion.*

Additional Information:

It is mandatory for every individual who holds a CPEP™ charter to comply with the Code of Ethics. If a Charterholder is found to be in breach of the code or suspected of violating it, they will be held accountable for their actions. If there are any concerns or doubts about their conduct, a formal complaint can be filed with USPEC

Acknowledgement, Consent And Signature:

By signing below and submitting this Ethics Violation Form, I am accusing the person named in it of violating the USPEC Code of Ethics. I agree to comply with the terms and conditions described in the code. I hereby certify that the information provided in this application is accurate and true. I authorize the United States Private Equity Council to verify the information provided if required. I understand that all information provided will be kept confidential.

☐ By checking this box, I agree to and confirm the above.

Signature:

Date: