

CMMI Complaint Response Form

Instructions for Respondent Completing this Form

This form is supplied to an individual who has been named as the Respondent of a Complaint, a copy of which has been provided by ISACA along with this response form.

To respond to the Complaint, the Respondent must complete this form and prepare a detailed description of the factual allegations refuting or mitigating the claim(s) contained in the Complaint.

All information exchanges pursuant to this Complaint shall be deemed confidential and proprietary. Confidential information shall be used for the purposes of investigating and resolving the Complaint. CMMI reserves the right to copy, discuss, disclose, and disseminate the confidential information to members of the CMMI Complaints and Corrective Action Appeals Team, relevant staff, and the Complainant for the purposes of investigating and resolving the Complaint.

All Respondents should review the CMMI Code of Professional Conduct before and during the preparation of a response to a Complaint to understand the ethical platforms of the Code of Professional Conduct.

The Respondent shall be solely responsible for all costs associated with preparing and delivering this Response and all personal costs related to their involvement in the Complaint process, including but not limited to any travel costs and legal representation fees and expenses.

Failure to provide a Response to a Complaint, or to respond fully, accurately, and in good faith, may subject the Respondent to corrective action, including a determination that the allegations of the Complaint are true and that ISACA should impose appropriate corrective action.

Response Submission

1. If any of your contact information, as contained in the Complaint, is incorrect or incomplete, provide the correct information below. Otherwise, please leave blank.

Respondent's Name: _____

Respondent's Address: _____

Respondent's Phone Number: _____

Respondent's E-mail: _____

Date: _____

2. Provide a statement of what you consider to be the essential facts that refute the alleged violation.

Note: This statement should be a summary of the most important facts that the Respondent believes support his/her response to the Complaint. This response will be reviewed by ISACA to determine, in its sole discretion, whether to pursue a case against a Respondent. The Respondent should provide those facts which refute the allegations of the Complaint or otherwise explain the Respondent's actions in sufficient detail to permit a determination by ISACA. Please be as thorough and organized as possible. Generally, the more public or known facts that are provided on this form in your defense, the more likely it is that you will be able to have a complaint suspended without the need of further procedures. (If the space below is insufficient, additional pages may be used and attached.)

Allegations of the Complaint which are not denied by the Respondent may be deemed to be admitted. Failure to refute or deny significant factual allegations of the Complaint could permit ISACA, in its sole discretion, to determine that the allegations of the Complaint are factual.

3. If you agree with some or all the allegations which comprise a violation of the provisions of the CMMI Code of Professional Conduct, please state specifically which one(s) and provide an explanation for each.

4. List all persons that you believe could provide further information regarding the matters asserted in the Complaint and/or the response, and who would be willing to assist with the investigation. Please provide a brief description of what each person's knowledge is regarding the alleged violation.

Note: Please provide each individual's full name, email address, telephone number, and any other contact information (to the extent known) that will assist ISACA.

5. List all documents that you believe to be relevant to the matters asserted in the Complaint and/or this Response.

Note: All documents must be listed by type (e.g., letter, e-mail, memo, certificate), date, and the name of the individual or organization that prepared it. All documents listed in this section must be submitted to ISACA along with this Response form. No information will be utilized unless accompanied with the Response form submission.

6. Identify any other professional complaints resulting in court actions or other matters of public record that have been filed by you or anyone else that relate to the same or similar allegations that you have stated in section 2 above.

Note: The Respondent should identify any other actions that have been taken that are directed at the same or related complaints. For example, the Respondent should identify any matters filed with state licensure or regulatory panels, courts, or other judicial forums, professional organizations, or employers that relate to the issues raised in this Complaint.

You are under a continuous obligation to advise ISACA of any additional ethics responses which may be filed with other bodies subsequent to the time that you submit this Response, or which were previously filed but that you did not have knowledge of at the time this Response was submitted.

7. Statement and Certification.

By submitting this response to the Complaint, you assert that you have read the CMMI Code of Professional Conduct and agree to abide by its conditions and terms in proceeding with this matter. You understand that some or all the information submitted with respect to this proceeding may be disclosed (in either redacted or non-redacted form) to CMMI's members and others once a final determination is reached by ISACA. You acknowledge and agree that all decisions by ISACA regarding the Complaint, including determinations of whether the Response is complete, are final and binding in all respects, and that ISACA will have no liability whatsoever to the Respondent regarding the Complaint, including but not limited to, ISACA's handling of the Complaint process and the final determination.

You further certify that the factual allegations made in this Complaint response are true and accurate to the best of your knowledge and are made in good faith.

Signature of Respondent: _____

Printed Name: _____

Date: _____

CMMI INTERNAL STAFF ONLY

8. Summary of evidence CMMI Staff accepts of Respondents refuted allegations.

9. Summary of evidence CMMI Staff suspends of Respondents refuted allegations.