Code of Excellence Complaint

Date __________________, 20____

To the Grievance Review Panel of the Portable Sanitation Association International (PSAI):

I/we (herein after the “Complainant(s)”) believe a member of the PSAI (hereinafter the “Respondent(s)”) have violated the Portable Sanitation Industry Code of Excellence. Specifically we allege:

____________________________________________________________________________________________________

(Respondent Company name and names of specific individuals working for said Company)

have committed a violation of Part(s) __________ of the Code of Excellence or other membership duties as set forth in the PSAI Bylaws Article _____, Section ____. To support our allegations, I/we supply the attached statement, which is signed and dated by us.

This complaint is true and correct to the best knowledge and belief of the undersigned and is filed within one hundred eighty (180) days after the facts constituting the matter complained of could have been known in the exercise of reasonable diligence or within one hundred eighty (180) days after the conclusion of the transaction, whichever is later.

I/we declare that to the best of my/our knowledge and belief, my/our allegations in this complaint are true.

A Code of Excellence complaint may be filed regarding the conduct of any PSAI member. The PSAI cannot determine whether the law or government regulations related to operating or supplying a portable sanitation company have been broken.

• Have Complainant(s) filed, or is there an intention to file, a related complaint with a regulatory or law enforcement agency?  □ Yes  □ No  If yes, please provide the name of the agency(ies) and the date(s) filed:

____________________________________________________________________________________________________

• Are the circumstances giving rise to this Code of Excellence complaint involved in civil or criminal litigation?  □ Yes  □ No  If yes, please provide the name of the courts and the date(s) filed:

____________________________________________________________________________________________________

I/we understand that should the Grievance Review Panel dismiss this complaint in part or in total, that I/we have twenty (20) days from transmittal of the dismissal notice to appeal the dismissal.

Complainant(s):

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Address

Phone

Email

(Form 1, Revised 12/15)