



DBIA CODE OF PROFESSIONAL CONDUCT

APPEAL APPLICATION FORM

Instructions to Individuals Completing this Appeal Form

** Please Read These Instructions Before Proceeding **

This Code of Professional Conduct Appeal Application Form (“Appeal Form”) is supplied by the Design-Build Institute of America (“DBIA”) to individuals who were either the Complainant or Respondent in an ethics proceeding pursuant to the DBIA Code of Professional Conduct (the “Code”), who want to appeal the decision of the Certification Board. All appeals must comply with the requirements set forth in the Code and this Appeal Form. Individuals submitting this Appeal Form are responsible for all costs associated with the filing of this Appeal Form and the costs related to their involvement in the appeals process.

Pursuant to the Code, Section III.9:

- a. Written notice of appeal using this form must be received by DBIA within 15 days of receipt by the individual submitting this appeal of the Certification Board decision. If this form is not received by the Chair of the National Board and the Executive Director within such time period, unless good cause may be shown for the delay, the appeal will be rejected and the case closed with no further action.
- b. You must state the reasons the decision of the Certification Board should be overturned or modified. You must respond promptly to any requests from

- the Appeal Committee for further written submissions to explain your position.
- c. No new evidence may be submitted upon appeal which was not presented to the Certification Board in the underlying complaint hearing.
- d. The Appeal Committee will make a recommendation to the DBIA National Board. The National Board may: (a) approve and implement the Certification Board’s decision; (b) modify the Certification Board’s decision; or (c) remand the case to Certification Board for further action with instructions. The decisions of the Certification Board, as modified by the appeals process, are final and binding.

1. Person making application for an appeal:

Last Name: _____ First Name: _____

Employer: _____

Address: _____

City/State:/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

2. Please indicate your role in the initial complaint:

- Complainant Respondent

3. Item of Appeal (Brief description – this description does not preclude the requirement to submit the facts supporting this application as noted in #4 below)

4. Facts Supporting this application: The following information MUST be included with this form:

- a. The grounds for an appeal in accordance with guidelines in section III.9 of the Code.
- b. Supporting facts (limited to those that were presented to the Certification Board).
- c. All relevant documentation (limited to that documentation provided to the Certification Board).
- d. A clear statement of the desired outcome of the requested appeal.

I certify that all factual allegations made in this Appeal Form are true and accurate to the best of my knowledge.

Appeal Date: _____ Signature: _____

**Complete this Appeal Form, mark it “PERSONAL AND CONFIDENTIAL”
and send it to:**

**Chair, DBIA National Board,
with a copy to the DBIA Executive Director at:**

**Design-Build Institute of America
1331 Pennsylvania Avenue, NW, 4th Floor
Washington, DC 20004**