



**MARKETING RESEARCH ASSOCIATION, INC.**  
(P) 860-682-1000  
(F) 860-682-1010  
email@mra-net.org  
www.mra-net.org

## Violation Allegation Form Against the Code of Marketing Research Standards

I believe that a **violation of the MRA Code of Marketing Research Standards** has been made by the following MRA member:

\_\_\_\_\_  
**Name of Alleged Violator**

\_\_\_\_\_  
**Full Company Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

### Nature of the Member's Business

- End User/Manufacturer
  - Supplier/Research Company
  - Data Collection
  - Related Services
  - Other (please specify)
- \_\_\_\_\_

**Code Section(s) violated:** Use this box to state the Code number(s) allegedly violated.

**What is the nature of the alleged violation?** Describe completely.



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**What facts have a bearing on this ethical issue?** Use this box to explain supporting information, written letters, telephone calls, attorneys/lawsuit. Be sure to attach any relevant documentation when you file the form.

**Other considerations:** Use this box to provide other pertinent information that the committee should consider:

I attest by signing this document that the information included is accurate and that I am requesting that the MRA Professional Standards Committee investigate this allegation of a violation of the Code of Marketing Research Standards. MRA will NOT act on anonymous complaints. I also attest that I have read the "Professional Standards – Enforcement and Filing a Complaint" and that I am aware of the processes and procedures as well as the authority of the Professional Standards Committee.

### Nature of the Your Business

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Full Company Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

- End User/Manufacturer
- Supplier/Research Company
- Data Collection
- Related Services
- Other (please specify) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please print this form and sign it. Your signature is required to validate this request. Once completed, mail this form to the address below or fax this form and other supporting documents to MRA Headquarters at 860-682-1010.**