

**MISSISSIPPI COURT REPORTERS ASSOCIATION  
CODE OF PROFESSIONAL ETHICS  
ADVERTISER COMPLAINT FORM**

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

**Advertiser :** \_\_\_\_\_

**Address:** \_\_\_\_\_

"  
**'Address:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

I believe that the Advertiser named above has violated:

Provision(s) \_\_\_\_\_ of the MCRA Code of Professional Ethics

I have attached a statement setting forth the facts that occurred and explaining why I believe the Advertiser named above has violated the Code of Professional Ethics. **I understand that the MCRA Board of Directors will not consider any monetary dispute(s) I may have with this Advertiser.** I have also attached all relevant documentation for the Committee to consider including information on any other proceedings involving the issues raised in this complaint.

I have received a copy of the complaint procedures and I agree to abide by them. I understand that I may contact the MCRA Board of Directors if I have any questions regarding these procedures.

I understand the Association must disclose the contents of this complaint to the Advertiser complained against, the members of the MCRA Board of Directors, and officers. I consent to such disclosure.

I have read and agree to abide by the confidentiality provisions in the complaint procedures. I hereby certify that I will not disclose all or part of any record, document, file, evidence, the recommendation of any decision of the Board. I agree to indemnify and hold harmless the Association from any claim or action that may result from such improper disclosure. Furthermore, I understand that I shall be subject to sanctions under the complaint procedures if I violate these confidentiality provisions.

I declare under the penalties of perjury that the facts stated on this form and my attached statement are true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_