



**TEANA**  
The Expedite Association of North America

## TEANA Ethics Claims Form

*Please remember: Only TEANA Members can file claims against other members.  
This is a membership benefit.*

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

**Claim Made By:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Claim made Against:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Nature of Claim Made:** Has there been initial conversation to resolve this issue? (Yes or No)

If Yes, please explain participants and date and any pertinent conversation:

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**Description of Claim:** (include date of activity and attach any supportive paperwork)

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**Please Return Form to:**

TEANA Headquarters - 980 N Michigan Ave, Suite 1400, Chicago, IL 60611  
P: 800.970.3270 | E: info@teana.org