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:

_____

_____

_____

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

_____

_____

_____

Please Return Form to:
TEANA Headquarters - 230 Washington Ave Extension, Suite 101, Albany, NY 12203
P: (518) 313-1221 | E: info@teana.org