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| **Response Form** Form 2 – Response Form To be submitted at ethics@isaca.org  **Confidential** | | |
| ***Please read the ISACA Code of Professional Ethics - Member Ethics Violation Review Policy (“Policy”) before completing and submitting this form.*** | | |
| Date of Submission: |  | |
|  |  | |
| **Subject – individual that is the subject of the Report of Alleged Violation.** | | | |
| Name: | |  | |
| Address: | |  | |
| Phone Number: | |  | |
| Email Address: | |  | |

ISACA has provided you with the following documents in response to a Report of Alleged Violation (“Report”) that has been submitted in which you are the subject.

* A copy of the Policy
* The Investigation Summary
* Link to the Response Form for your use

Provide a statement of what you consider to be the essential facts that refute the allegations outlined in the Investigation Summary provided.

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Do you agree with any of the allegations included in the Investigation Summary? If so, please state and explain.

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List all persons that you believe have knowledge of the matters asserted in the Investigation Summary and what you believe they have knowledge of.

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Are you attaching documents as evidence to support your response? If so, please describe what you are attaching and how the documents support your response.

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Please identify any matters filed with state licensure or regulatory panels, courts or other judicial forums, professional organizations, and employers that relate to the issues raised in this Investigation Summary.

Subject is under a continuing obligation to advise ISACA of any additional ethics responses which may be filed with other bodies subsequent to the time that you submit this Response Form, or which were previously filed but that you did not have knowledge at the time this Response was submitted.

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*Please certify that the factual allegations made in this Response to the Investigation Summary are true and accurate to the best of your knowledge and are made in good faith.*

*Name:*

*Date:*