



## POLICY VIOLATION FORM

### Instructions

1. If you believe another Isagenix Independent Associate is violating the Policies and Procedures or has done something contrary to the Isagenix Code of Ethics, complete this form and submit it to ComplianceANZ@IsagenixCorp.com.
2. Provide a complete recount of the alleged violation and include all relevant information.
3. To the extent possible, all complaints will be kept confidential unless we are required by law to disclose them.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Member ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Market: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Alleged Violation (provide all known information)

Associate Name\*: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*If more than one Associate, indicate all parties below.*

### Violation

Internet Use Violation	Unlawful Income/Product Claims	Other:
Independently Created Marketing Material	Trademark Infringement	
Recruiting within the Isagenix Organisation	Retail Sales	

Website/Domain in question (if applicable):

Who was involved?:

Who else witnessed it?:

Did you see it happen yourself? If not, who did?:

Where and when did it occur (date and time)?:

To the best of your recollection, what exactly was said or done and by whom?:

Additional comments:

#### Office Use Only

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Australia/New Zealand

