



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, please complete this form and submit to the Isagenix Compliance Department at the e-mail address or fax number listed below.
2. Please 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 it.

Your Name: _____ Phone Number: _____
 Associate ID Number: _____ E-Mail Address: _____
 Home Market: _____
 Date: _____ Signature: _____

Alleged Violation (please provide all known information)

Associate Name*: _____ E-Mail Address: _____
 Date of Incident: _____ Phone Number: _____

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

Violation

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Internet Use Violation | <input type="checkbox"/> Unlawful Income/
Product Claims | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Independently-Created
Marketing Material | <input type="checkbox"/> Trademark Infringement | _____ |
| <input type="checkbox"/> Cross Line Recruiting | <input type="checkbox"/> 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? _____

When and where did it occur (date and time)? _____

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

Additional Comments: _____

Please e-mail or fax this document to (e-mail) Compliance@IsagenixCorp.com or (fax) 480-636-5377.

OFFICE USE ONLY

Date Received: / /	Date Completed : / /	Processed By:
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