Certification Candidate Complaint Form

This form is to be used by CIMA®, CPWA®, and RMA® certification candidates to provide a sufficient description of an Investments & Wealth Institute candidate policy, practice, or decision that forms the basis of an individual’s dissatisfaction.

Please provide as much detail as possible. The Institute’s Certification department may request additional information.

Date: _____ / _____ / ________

1. Please provide your contact information:
   Name: ____________________________________________________________
   Company: _________________________________________________________
   Business Address: _________________________________________________
   City: __________________________________ State: __________ Postal Code: __________
   Business Phone: __________________________ Email: ___________________

2. Please check appropriate certification candidacy:
   □ CIMA® □ CPWA® □ RMA®

3. Please describe your complaint in detail (Attach additional pages if needed):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Please state your desired resolution:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

I attest that the foregoing statements are factual and made in good faith based upon my knowledge.

Signature: ___________________________ Date: __________________________

Submit the completed and signed form to Investments & Wealth Institute, Attn: Certification Department, 5619 DTC Parkway, Suite 500, Greenwood Village, CO 80111, Fax: +1 303-770-1812 | certification@i-w.org