Certificant Complaint Form

This form is to be used by CIMA®/CIMC®/CPWA®/RMA® certificants to provide a sufficient description of an Investments & Wealth Institute (Institute) certification 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: _______ / _______/ _______

Certification Department Use Only: CIN ____________________________

1. Please provide your contact information:

Name: ________________________________________________________________

Company: ____________________________________________________________________________________________

Business Address: ______________________________________________________________________________________

City: __________________________ State: __________ Postal Code: __________________________

Business Phone: __________________________ Email: __________________________

2. Please check all that apply:

☐ CIMA®  ☐ CIMC®  ☐ 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

INVESTMENTS & WEALTH INSTITUTE® is a service mark of Investment Management Consultants Association Inc. doing business as Investments & Wealth Institute. CIMA®, CERTIFIED INVESTMENT MANAGEMENT ANALYST®, CIMC®, CPWA®, and CERTIFIED PRIVATE WEALTH ADVISOR® are registered certification marks of Investment Management Consultants Association Inc. doing business as Investments & Wealth Institute. RMA® and RETIREMENT MANAGEMENT ADVISOR® are marks owned by Investment Management Consultants Association Inc. doing business as Investments & Wealth Institute. 01.190606.02.0273.ctrl ©2019 Investments & Wealth Institute