

Confidential Complaint Against a CIMA®/CIMC®/CPWA® Professional

Please provide as much detail as possible. The Institute may request additional information or a personal interview. Your grievance will be investigated impartially. The Institute will keep your name and personal information confidential to the fullest extent permitted by law.

DATE: ____ / ____ / ____

1. Provide contact information about the professional against whom this complaint is being filed:

Consultant's Name: _____

Company: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Business Phone: _____ E-mail: _____

2. Provide your personal information:

Name: _____

Company: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Business Phone: _____ E-mail: _____

3. What is your business relationship with this individual?

client/consumer (please complete section 4) *-or-* **peer/colleague** (please complete section 5)

4. Client/consumer complaint:

a. Describe your complaint and the reasons you believe a violation exists: (Attached additional pages if needed)

b. Did the professional provide you with a disclosure document, which described compensation, potential or real conflicts of interest, services provided, agency or employment relations, and the philosophy or operating methods used?

Yes (if yes, please include a copy) No

c. Did you pay a fee for services?

Yes No

d. Did you sign an agreement?

Yes No

e. Have you notified any regulators about your complaint?

Yes (if yes, which one(s): _____)

No

f. Have you initiated legal action against this individual?

Yes (if yes, please list, venue, case number, etc.: _____)

No

5. Peer complaint:

a. Please describe your complaint and why you believe a violation exists: (Attached additional pages if needed)

b. Specify requirements from The Institute's *Code of Professional Responsibility* you believe have been violated:

c. Have you notified any regulators about your complaint?

- Yes (if yes, which one(s): _____)
 No

d. Have you or anyone acting in your behalf initiated legal action against the professional?

- Yes (if yes, please list, venue, case number, etc.: _____)
 No

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

Signature: _____ Date: _____

Submit your completed and signed form to:

Investments & Wealth Institute
Attn: Rob Frankel, Esq.
5619 DTC Parkway, Suite 500
Greenwood Village, CO 80111
Fax: 303.770.1812
rfrankel@i-w.org