College for Financial Planning®
EDUCATING THE NATION'S TOP FINANCIAL ADVISORS℠

COMPLAINT FORM

The purpose of this form is to submit a complaint against an individual who has been authorized to use one of the College for Financial Planning's professional designations –AAMS®, Accredited Asset Management Specialist℠; ADPA℠, Accredited Domestic Partnership Advisor℠, APMA℠, Accredited Portfolio Management Advisor℠, AWMA®, Accredited Wealth Management Advisor℠; CRPC®, Chartered Retirement Planning Counselor℠; CRPS®, Chartered Retirement Plans Specialist℠; CMFC®, Chartered Mutual Fund Counselor℠; and RP®, Registered Paraplanner℠.

Please report your complaint in as much detail as possible. The College for Financial Planning will request additional information if needed, and may request a personal interview if necessary.

1. Please enter contact information for the designee against whom this complaint is being filed:

_____
Designee's Name Designation

_____
Company

_____
Address

_____
City, State, Zip

Phone: _____ E-mail: _____

2. Please enter your personal information:

_____
Your Name

_____
Address

_____
City, State, Zip

Phone: _____ Fax: _____

E-mail: _____

3. Please enter information about your complaint:

A. Please describe your complaint and the reasons you believe a violation of the College for Financial Planning's *Standards of Professional Conduct* exists (attach additional pages if needed):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

B. Did the designee provide you with any documents that described the nature of your business relationship, such as what services would be provided?

Yes _____ (If yes, please include a copy with this form) No _____

C. Did you sign a written contractual agreement?

Yes _____
No _____ (If not, what is your business relationship to this individual? _____)

D. Did you pay a fee to the designee?

Yes _____ (If yes, how much: _____) No _____

E. Have you notified any other regulatory authorities in connection with your complaint?

Yes _____ (If yes, which one(s): _____)
No _____

F. Have you begun legal action against this individual?

Yes _____ No _____

4. Please sign and fax to 602-383-9640 or mail your complaint to the College for Financial Planning, Attn: Ethical Conduct Committee, 8000 E. Maplewood Ave., Suite 200, Greenwood Village CO 80111.

Signature: _____ Date: _____