



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 SpecialistSM; ADPA[®], Accredited Domestic Partnership AdvisorSM, APMA[®], Accredited Portfolio Management AdvisorSM, AWMA[®], Accredited Wealth Management AdvisorSM; CRPC[®], Chartered Retirement Planning CounselorSM; CRPS[®], Chartered Retirement Plans SpecialistSM; CMFC[®], Chartered Mutual Fund CounselorSM; MPAS[®] Master Planner Advanced StudiesSM, and RP[®], Registered ParaplannerSM.

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 _____ 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 602-626-2466 or mail your complaint to the College for Financial Planning, Attn: Ethical Conduct Committee, 9000 E. Nichols Ave., Suite 200, Centennial CO 80112.

Signature: _____ Date: _____