



## 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<sup>®</sup>, Accredited Asset Management Specialist<sup>SM</sup>; ADPA<sup>SM</sup>, Accredited Domestic Partnership Advisor<sup>SM</sup>, APMA<sup>SM</sup>, Accredited Portfolio Management Advisor<sup>SM</sup>, AWMA<sup>®</sup>, Accredited Wealth Management Advisor<sup>SM</sup>; CRPC<sup>®</sup>, Chartered Retirement Planning Counselor<sup>SM</sup>; CRPS<sup>®</sup>, Chartered Retirement Plans Specialist<sup>SM</sup>; CMFC<sup>®</sup>, Chartered Mutual Fund Counselor<sup>SM</sup>; and RP<sup>®</sup>, Registered Paraplanner<sup>SM</sup>.

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: \_\_\_\_\_

