

SUBMIT A COMPLAINT AGAINST A CFP® PROFESSIONAL

Please report your complaint in as much detail as possible. CFP Board staff will request additional information if needed and may request a personal interview if it appears necessary. Because one of the functions of CFP Board is the evaluation of grievances, please be assured that your grievance will be investigated vigorously and thoroughly.

Date: _____

1. Please enter contact information on the CFP® professional against whom this complaint is being filed:

Planner's Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

2. Please enter your personal information¹:

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

3. Please enter information about your complaint:

A. Please describe your complaint and the reasons you believe a violation exists:
(Attach additional pages if needed)

¹ CFP Board will accept an anonymous complaint. It is often the case, however, that preserving a complainant's anonymity may result in CFP Board not being able to conduct a full investigation.

PRIVACY WAIVER

Date: _____

To Whom It May Concern:

Please consider this correspondence written authorization to provide Certified Financial Planner Board of Standards, Inc. ("CFP Board") with information being sought in connection with their investigation. I understand that by signing this waiver I am explicitly waiving my privacy with respect to CFP Board's investigation so that CFP Board can receive my financial information.

Sincerely,

Signature: _____

Signature: _____

Name: _____

Name: _____