



CERTIFIED FINANCIAL PLANNER BOARD OF STANDARDS, INC.

## 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.

Please be aware that pursuant to CFP Board’s confidentiality provisions as outlined in Article 17.1 of CFP Board’s *Disciplinary Rules and Procedures*, CFP Board is not able to share any updates on the status of the investigation with you.

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.

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 information:

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CONSENT TO RELEASE DOCUMENTS TO CFP BOARD**

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ (“CFP® professional”) was/is the registered representative for my account(s) at \_\_\_\_\_. By checking the appropriate boxes and signing below, I am explicitly waiving my privacy rights with respect to my account(s) and am authorizing that certain documents related to my account(s) be provided to the Certified Financial Planner Board of Standards, Inc. (“CFP Board”), a certifying and standards-setting body for individuals who hold the CFP® certification. The documents will be used in connection with a non-public professional standards investigation being conducted by CFP Board staff.

I, \_\_\_\_\_ (“Account Holder”), hereby authorize that the following materials be provided to CFP Board (check all that apply):

ALL information and documents requested by CFP Board

OR

Account opening forms, investor questionnaires, and other documents reflecting Account Holder’s investment/risk profile

Account statements and confirmation statements

Contracts, service agreements, or other similar documents

Financial plans or other similar documents containing recommendations made by CFP® professional

Response to my customer complaint and any exhibits or other documents referenced in the response

Other:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder

Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder

Address  
\_\_\_\_\_  
\_\_\_\_\_