

## Submit a Complaint Against a CIMA<sup>®</sup>/CIMC<sup>®</sup>/CPWA<sup>SM</sup>

Please report your complaint in as much detail as possible. IMCA staff will request additional information if needed and may request a personal interview if it appears necessary. Please be assured that your grievance will be investigated vigorously and impartially.

DATE: \_\_\_\_\_

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

Consultant's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Please enter your personal information:

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### 3. Please enter information about your complaint:

- Please describe your complaint and the reasons you believe a violation exists: (Attached additional pages if needed)

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- Did the professional provide you with some type of disclosure document, which described the forms of compensation, potential or real conflicts of interest, services provided, agency or employment relations, and the philosophy or operating methods employed?

- Yes (if yes, please include a copy)
- No

- Did you pay a fee to the professional?

- Yes (if yes, how much: \$\_\_\_\_\_ )
- No

- Did you sign a written contractual agreement?

- Yes
- No (if not, what is your business relationship to this individual?)

- Have you notified any regulatory authorities in connection with your complaint?

- Yes (if yes, which one(s): \_\_\_\_\_)
- No

- Have you begun legal action against this individual?

- Yes
- No

Please sign and mail your complaint to the address below:

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

#### Submission Instructions

Once you have completed and signed the grievance form, fax to 303.770.1812 (no cover needed) or mail to IMCA.

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