IMCA®
investment
management
consultants
association

Grievance Form

Confidential Complaint Against a CIMA®/CIMC®/CPWA® Professional

Please provide as much detail as possible. IMCA may request additional information or a personal interview. Your grievance will be investigated impartially.

Date: ____ /____ /_____

1. Provide contact information about the professional against whom this complaint is being filed:

Consultant's Name: _____

Company: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code:_____

Business Phone: _____ E-mail: _____

2. Provide your personal information:

Name: _____

Company: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code:_____

Business Phone: _____ E-mail: _____

3. What is your business relationship with this individual?

☐ **client/consumer** *(please complete section 4)* ***-or-*** ☐ **peer/colleague** *(please complete section 5)*

4. Client/consumer complaint:

a. Describe your complaint and the reasons you believe a violation exists: *(Attached additional pages if needed)*

_____

_____

_____

_____

b. Did the professional provide you with of disclosure document, which described compensation, potential or real conflicts of interest, services provided, agency or employment relations, and the philosophy or operating methods used?

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

c. Did you pay a fee for services?

☐ Yes ☐ No

d. Did you sign an agreement?

☐ Yes ☐ No

e. Have you notified any regulators about your complaint?

☐ Yes (if yes, which one(s): _____)
☐ No

f. Have you initiated legal action against this individual?

☐ Yes (if yes, please list, venue, case number, etc.: _____)
☐ No

(Form continues on page 2)

5. Peer complaint:

a. Please describe your complaint and why you believe a violation exists: *(Attached additional pages if needed)*

_____

_____

_____

_____

b. Specify requirements from IMCA's *Code of Professional Responsibility* or *Standards of Practice* you believe have been violated:

_____

_____

_____

_____

c. Have you notified any regulators about your complaint?

☐ Yes (if yes, which one(s): _____)
☐ No

d. Have you or anyone acting in your behalf initiated legal action against the professional?

☐ Yes (if yes, please list, venue, case number, etc.: _____)
☐ No

I attest that the foregoing statements are factual and made in good faith based upon my personal knowledge

Signature: _____ Date:_____

Submit your completed and signed form to:

Investment Management Consultants Association Inc.

Attn: Amy Carlson

5619 DTC Parkway, Suite 500

Greenwood Village, CO 80111

Fax: 303.770.1812

acarlson@imca.org

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