

CERTIFICANT COMPLAINT FORM

This form is to be used by CIMA[®]/CIMC[®]/CPWA[®] certificant to provide a sufficient description of an IMCA[®] certification policy, practice, or decision that forms the basis of an individual's dissatisfaction.

Please provide as much detail as possible. The IMCA Certification department may request additional information.

Date: ____ / ____ / ____

Certification Department Use Only: CIN _____

1. Please provide your contact information:

Name: _____

Company: _____

Business Address: _____

City: _____ State: _____ Postal Code: _____

Business Phone: _____ Email: _____

2. Please check all that apply: CIMA[®] CIMC[®] CPWA[®]

3. Please describe your complaint in detail (*Attach additional pages if needed*):

4. Please state your desired resolution:

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

Signature: _____ Date: _____

Submit the completed and signed form to:

Investment Management Consultants Association
 Attn: Certification Department
 5619 DTC Parkway, Suite 500
 Greenwood Village, CO 80111
 Fax: 303.770.1812 | certification@imca.org