

Complaint Information Form

Please report your complaint in as much detail as possible. The staff of the IARFC may request additional information and may also request a telephone or personal interview. Please be assured that your complaint will be investigated vigorously and impartially.

Date: _____

1. Please enter contact information on the advisor in question:

Advisor'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 describe the reasons you believe a violation exists:

(Attach additional information if needed.)

4. Did you pay a fee to the professional advisor?

- Yes (How much: \$ _____) When was it Paid? _____
- No

5. Did you sign a written contractual agreement?

- Yes
- No (What is your business relationship to this individual? _____)

6. Initial Disclosure. Did this advisor 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 relationships and the philosophy or operating methods to be employed?

- Yes (Please send or be prepared to forward a copy)
- No

7. Did you purchase insurance or investments?

- Yes (Please describe: _____)
- No

8. Have you notified any regulators in connection with your complaint?

- Yes (Which ones: _____)
- No

9. Have you begun any legal action against this individual?

- Yes (How: _____)
- No

10. What would you like to have happen regarding this incident/event?

11. Please sign and mail your complaint to:

International Assn. of Registered Financial Consultants (IARFC)
P.O. Box 42506
Middletown, OH 45042-0506

12. Or you may Fax it to: 513 424 5752

Your Signature: _____ **Date:** _____