



## Complaint Information Form

Please report your complaint in as much detail as possible. The IARFC Team may request additional information and/or a telephone or personal interview. Please be assured that your complaint will be investigated vigorously and impartially. The entire process could take 45-60 days after receipt of the complaint information form.

1. Enter contact information on the financial consultant in question:

First Name, Middle Initial, Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Enter your personal information:

First Name, Middle Initial, Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Describe the reasons you believe a violation exists, attach additional supporting information.

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

Yes, How much \$ \_\_\_\_\_ Date 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 consultant 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, send or be prepared to forward a copy  
 No

7. Did you purchase insurance or investments?

- Yes, 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 return this form and any supporting information to:  
International Association of Registered Financial Consultants (IARFC®)  
Mail: P.O. Box 506 Middletown, OH 45042-0506  
Fax: (513) 345-9479, Email: info@iarfc.org

\_\_\_\_\_  
Signature of Person Making the Complaint

\_\_\_\_\_  
Date