



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.

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, Fax: 513 345 9479, Email: info@iarfc.org

Your Signature: _____ Date: _____