



COMPLAINT FORM

The purpose of this form is to submit a complaint against an individual who has been authorized to use one of the College for Financial Planning's professional designations.

Please report your complaint in as much detail as possible. The College for Financial Planning will request additional information if needed, and may request a personal interview if necessary.

1. Please enter contact information for the designee against whom this complaint is being filed:

Designee's Name

Designation

Company

Address

City, State, Zip

Phone: _____

E-mail: _____

2. Please enter your personal information:

Your Name

Address

City, State, Zip

Phone: _____

Fax: _____

E-mail: _____



COLLEGE FOR
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F. Have you begun legal action against this individual?

Yes _____ No _____

4. Please sign and fax to 602-626-2466 or mail your complaint to the College for Financial Planning, Attn: Ethical Conduct Committee, 9000 E. Nichols Ave., Suite 200, Centennial CO 80112.

Signature: _____ Date: _____

COLLEGE FOR FINANCIAL PLANNING

9000 E. Nichols Ave Ste 200 Centennial, CO 80112 Phone: 800.237.9990 Web: cffp.edu