



COMPLAINT AGAINST AN INSTITUTE OF FINANCIAL ADVISERS MEMBER

Complainant Contact Details:

Name: Address: Tel: Fax: Mobile: Email:

Institute Member Contact Details:

For National Office use: DATE JOINED MEMBERSHIP CURRENT YES/NO

Name: Address:

Brief Description of Alleged Misconduct:

[Blank lines for description]

Continue on separate page if necessary

Using the Institute Code of Ethics and Rules of Conduct, identify which Rule(s) has allegedly been breached:

[Blank line for rule identification]

- Have you formally notified the member of this complaint Yes No
Has the member responded to your notification Yes No
Have you referred the complaint to any other regulatory body or government authority Yes No
Have legal proceedings commenced Yes No

I acknowledge that the Institute of Financial Advisers' complaints process does not provide for monetary recompense. I agree that the member may provide my personal information to the Institute when responding to this complaint.

Signature of Complainant: Date: