



## FORM FOR COMPLAINT AGAINST A CERTIFIED FINANCIAL FIDUCIARY®

Please provide as much detail as possible on this form and/or in an accompanying letter with supporting documents so that a thorough review by the NACFF Committee Chairperson and Complaint Review Committee, if warranted, is possible.

### Contact information for the NACFF designee against whom this complaint is being filed

Name of NACFF Designee: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Contact information for the complaining party

Name of Complaining Party: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Describe in detail the basis for your complaint and the reasons why you believe the NACFF designee named above acted in an unethical or unprofessional manner:**

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**Signature of Complaining Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_