



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. NACFF will acknowledge receipt of your complaint and keep you informed as to the status of the complaint throughout the process and will inform you of the final resolution.

Contact information for the NACFF[®] designee against whom this complaint is being filed

Name of CFF[®] Professional: _____

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:

Signature of Complaining Party: _____ **Date:** _____