

CANADIAN INSTITUTE OF FINANCIAL PLANNING

LICENSEE COMPLAINT FORM

Use this form if you wish to file a complaint against a licensee who holds one of the following financial planning/financial advising designations overseen and administered by the CIFP Retirement Institute under license from the Canadian Institute of Financial Planning (CIFP):

- Registered Retirement Consultant (RRC[®])/Conseillers en Retraite and Conseillères en Retraite (CR[®])
- Registered Financial and Retirement Advisor (RFRA/CR[®])
- Registered Retirement Analyst (RRA[®])

BASIS FOR COMPLAINTS

The CIFP Retirement Institute will investigate legitimate complaints related to a licensee holding a CIFP credential who provides you with financial planning/financial advisory services. The basis of your complaint must involve alleged breaches of the Code of Conduct and/or Practice Standards to which the licensee voluntarily attests to abide or, any other allegations of professional misconduct that reflect negatively on the certification marks or, on the practise of financial planning/financial advising.

You can access a copy of the Code of Conduct and Practice Standards on the CIFP Retirement Institute Web site.

HOW TO FILE A COMPLAINT

Complaints must be formally submitted to the CIFP Retirement Institute using this form either electronically or by mail. The events leading to your complaint must have transpired no more than six years prior to the date you are officially filing the complaint with CIFP.

It is important to complete the entire complaint form and to provide as much information as possible. Please ensure all representations are made in good faith and are accurate to the best of your knowledge.

If you require assistance filing your complaint, please send an e-mail to complaint@retirementinstitute.ca.

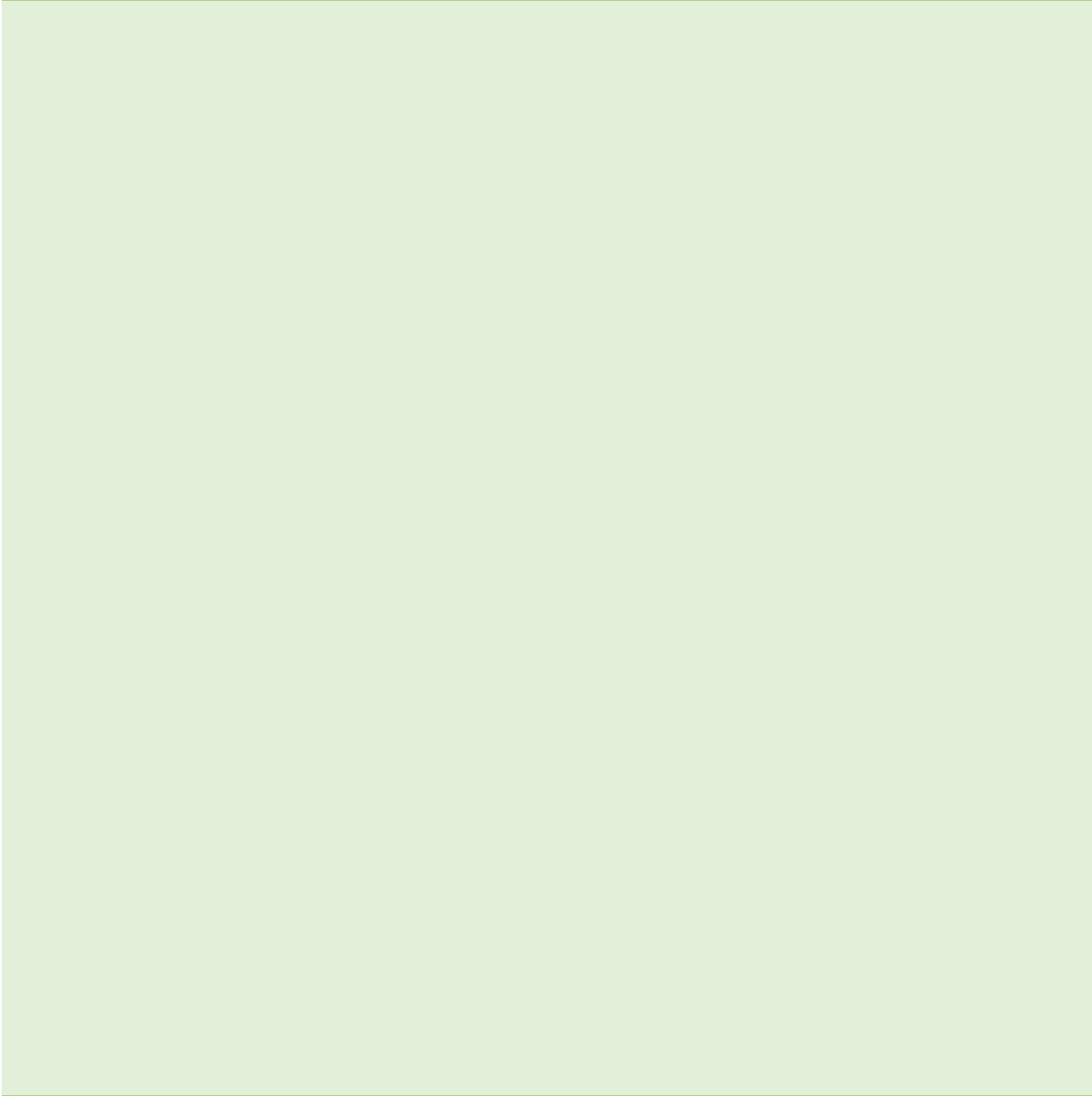
To be transparent and fair to the licensee you are filing a complaint about and to ensure due process, the Retirement Institute will share the official complaint form you file with CIFP as well as any relevant and material supplemental information you provide as part of your formal complaint with the licensee. The licensee will be given 30 days to provide a written response to your complaint which will be factored into the investigation conducted by the CIFP Retirement Institute.

CONTACT INFORMATION FOR THE CFP CREDENTIAL HOLDER AGAINST WHOM YOU WISH TO FILE A COMPLAINT

First Name	
Last Name	
Telephone Number	
Employer (name of financial institution or self-employed practise)	
E-mail Address	
Mailing Address	

DETAILS REGARDING YOUR COMPLAINT

(Please include all relevant information including dates, events and other details that will provide a full and clear picture of the circumstances surrounding your complaint. Attach additional pages to this form if required).



**PLEASE LIST THE SUPPORTING DOCUMENTS YOU ARE ATTACHING
TO THIS COMPLAINT FORM** (DO NOT SEND ORIGINALS)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Note: If your supporting documents are more than 20 pages, do not submit them electronically. Please mail them along with a printed version of this complaint form to the following address:

CIFP Retirement Institute
390 Brant Street, Suite #501
Burlington, Ontario
L7R 4J4
Attention: CIFP Retirement Institute Conduct Committee

YOUR CONTACT INFORMATION

(NOTE: You must provide your full contact information for CIFP to open a file for your complaint; anonymous complaints are not accepted by CIFP unless warranted by extenuating circumstances)

First Name	
Last Name	
Telephone Number	
E-mail Address	
Mailing Address	
Preferred Method of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail

If you are filing this complaint on behalf of another individual, please provide the following information. The CIFP Retirement Institute will require the express written consent from the actual complainant authorizing you to act as his or her representative in this matter.

Name of the person on whose behalf you are filing this complaint	
Your relationship to the person on whose behalf you are filing this complaint	
Contact information of the person on whose behalf you are filing this complaint	

NAMES OF INDIVIDUALS OR ENTITIES WHOM YOU HAVE PREVIOUSLY CONTACTED REGARDING THIS MATTER

(e.g. the CIFP credential holder (i.e. the CIFP licensee against whom you are filing this complaint), the employer of the licensee, regulatory bodies (e.g. MFDA, IIROC, provincial insurance regulators), law enforcement agencies, etc.)

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

COMMENCEMENT OF LEGAL ACTION

(if you have already commenced legal action regarding this complaint, please provide details)

[Empty green box for providing details of legal action]

WHAT DO YOU FEEL WOULD BE A SATISFACTORY OUTCOME TO THIS COMPLAINT?

[Empty green box for providing a satisfactory outcome]

ACKNOWLEDGEMENT

I have read, understood and agree that the CFP Retirement Institute will share some or all of my complaint and any documentation received with the licensee in question during either the initial review period or during any investigation.

I understand that the CFP Retirement Institute may not be able to process or investigate my complaint without supporting documentation and that, if necessary, the CFP Retirement Institute may contact me for clarification or to request additional information in order to complete its investigation.

I have also read, understood and agree that during the initial review of the facts and any subsequent investigation(s), the CFP Retirement Institute may also share details of my complaint with the following:

- witnesses contacted by the CFP Retirement Institute during the investigation
- other regulatory or professional bodies such as, but not limited to:
 - provincial securities commissions
 - Investment Industry Regulatory Organization of Canada (IIROC)
 - Mutual Fund Dealers Association of Canada (MFDA)
 - provincial insurance regulators
 - law enforcement agencies
 - the firm or employer of the CFP licensee
 - entities that have a role in the facts set out in the complaint
 - entities that the CFP Retirement Institute or its affiliates have information sharing agreements

AUTHORIZATION

By completing, submitting and signing this form along with all accompanying documentation, I hereby authorize:

- the CFP licensee, who is the subject of this complaint, to release to the CFP Retirement Institute (if requested) all relevant financial information, documentation and information contained in my client file
- the CFP Retirement Institute to contact the dealer and/or firm that the licensee who is the subject of this complaint was registered/employed with at the time of the alleged misconduct and notify them of the complaint as well as provide a copy of this form and any attached documentation if requested
- the Dealer and/or Firm that the licensee who is the subject of this complaint was registered/employed with at the time of the alleged misconduct to provide copies of any and all documentation pertaining to the complaint including but not limited to all relevant financial information, documentation and information contained in my client file

SIGNATURE

YOUR FULL LEGAL NAME AS COMPLAINANT _____
(PLEASE PRINT)

YOUR SIGNATURE AS COMPLAINANT _____

DATE SIGNED _____

Please scan and e-mail this completed and signed form to the CIFP Retirement Institute Conduct Committee at: complaint@retirementinstitute.ca. Please attach all relevant supporting documentation to the e-mail saved in either a .DOC or .PDF file.

If you do not wish to submit this complaint form electronically or, if the document is more than 20 pages in length, you can mail the completed and signed complaint form and all relevant supporting documentation to:

CIFP Retirement Institute

390 Brant Street, Suite #501

Burlington, Ontario

L7R 4J4

Attention: CIFP Retirement Institute Conduct Committee

For additional information regarding the CIFP Retirement Institute complaint handling and complaint process please visit www.retirementinstitute.ca. If you have any questions regarding submission of your complaint, please e-mail the CIFP Retirement Institute at compliant@retirementinstitute.ca.