



300 – 1275 West 6<sup>th</sup> Avenue  
Vancouver, BC V6H 1A6  
Tel: 604-909-3841 or 888-298-3292 Fax: 888-808-4198  
Web site: www.iafp.ca E-mail: admin@iafp.ca

## REQUEST FOR INQUIRY INTO AN IAFP MEMBER'S ACTIVITY

This form is to be used by anyone who believes that an IAFP member may have breached a provision of the IAFP Code of Ethics, R.F.P. Practice Standards, or any other mandatory requirement of their IAFP membership. All forms should be submitted **to the attention of the Chief Administrator** at the address above Thank you for helping the IAFP maintain its standards.

Your Name: Mr.  Ms.  \_\_\_\_\_

Address \_\_\_\_\_  
Apt./House # Street City Province Postal Code

Contact Info. ( ) \_\_\_\_\_  
Daytime Phone # Alternate Phone #

Email: \_\_\_\_\_ Are you a financial planner, or related professional? Yes  No   
 If yes, are you a member of the IAFP? Yes  No

Name of the IAFP Member \_\_\_\_\_  
 (who would be the subject of this inquiry)

Member's Company Name \_\_\_\_\_

What is your relationship with the IAFP Member? Client  Business Colleague  Employer   
 Employee  Other  \_\_\_\_\_  
(PLEASE SPECIFY)

**IF YOU ARE NOT THE CLIENT BUT YOUR CONCERN INVOLVES CONDUCT TOWARDS A CLIENT, WE REQUIRE THE FOLLOWING INFORMATION**

Is this person your client? Yes  No

Is this person a client of the member who would be the subject of this inquiry? Yes  No

Client's Name \_\_\_\_\_ Is the client aware of this request? Yes  No

Address \_\_\_\_\_  
Apt./House # Street City Province Postal Code

Phone # ( ) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Please describe the nature of the alleged unprofessional conduct, including the specific date(s). If it occurred over a period of time, provide the approximate start and end dates.  
**N.B.: Please attach any applicable documents required to support your allegation.**

*Continue on next page if necessary, or attach additional pages.*

What action, if any, have you taken to attempt to resolve this issue?

What action do you feel the IAFP member should take to resolve this issue?

We require your permission to release your name, as the complainant, and information regarding the alleged unprofessional conduct of the IAFP member concerned, to the IAFP's Ethics and Practice Standards committee, the IAFP member who would be the subject of this inquiry, and, if necessary, to the IAFP Board of Directors, the Board of Regents, and/or to any regulatory authority or professional body having jurisdiction and connection to the case. You are granting your permission by signing below.

_____ Your Signature	_____ Witness' Signature
_____ Your Name (please print)	_____ Witness' Name (please print)
_____ Date Signed	_____ Date Signed

**Institute of Advanced Financial Planners**  
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