

PROFESSIONAL CONDUCT COMPLAINT FORM

Please answer as many of these questions as you can.
File the form and relevant documents with the Registrar at the ASFP Office

Complainant Information

Name: _____

Home Address: _____

City: _____ Postal Code: _____

Ph: _____ Fax: _____

E-mail: _____ Cell: _____

Business Name (if relevant): _____

Address: _____

City: _____ Postal Code: _____

Ph: _____ Fax: _____

E-mail: _____ Cell: _____

You may contact me at: Home Business (Select one or both)

Are you a member of the ASFP? Yes No

If yes, member # _____

Are you a member of any other association: Yes No

If yes, please provide association name and member # _____

Respondent Information (Member against whom your complaint is made)

Name: _____

Home Address: _____

City: _____ Postal Code: _____

Ph: _____ Fax: _____

E-mail: _____ Cell: _____

Business Name (if relevant): _____

Address: _____

City: _____ Postal Code: _____

Ph: _____ Fax: _____

E-mail: _____ Cell: _____

What are the damages or losses you have sustained?

What documentation do you have to support your complaint? (Please provide a copy of any documents pertaining to your complaint with this form. Can we expect a copy of diary notes, contact names and phone #'s?)

Are there any other contacts that may be relevant to this complaint? (Please provide the names and contact information for any persons who may need to be contacted regarding this complaint)

What steps have you taken to try to resolve the problem?
