



CSA Complaint Form

Please complete this form in its entirety to submit a complaint about a CSA. **Note that your name will appear as “complainant” in the complaint, and that the CSA who is named in this complaint will receive a copy of all assembled complaint materials prior to complaint review.**

Alleged violations by CSAs of Standards and Rules of ethical conduct contained in the *CSA Code of Professional Responsibility* (the “Code”) will be reviewed and forwarded to the Certification Council. After completing this form, please mail it, as well as any other documentation you might have that supports your claim(s), to:

SCSA
Attn: Robbin Corriveau
720 S Colorado Blvd. Suite 750N
Denver, CO. 80246

CSA who is the subject of this complaint: _____
(Please print)

Contact information for this CSA: _____

Your Information
(Please print)

(Circle one): Mr. Ms. Mrs.

Last Name _____ First Name _____ M.I. _____

Mailing Address: Street _____

City _____ State _____ ZIP _____

Business Phone () _____ Ext. _____ Fax () _____

Home Phone () _____ E-mail _____



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Summary

In the space below, describe the circumstances that led to this complaint filing*. Include dates when possible. If you attach additional sheets, please initial and date each one. **Note:** please limit your complaint to factual matters and clearly identify any opinion or conclusion as such and not as a fact. SCSA reserves the right to reject or return to the complainant for modification any complaint which appears to be scandalous, maliciously filed or intentionally defamatory.

**Note: Individuals working on behalf of SCSA may contact you for additional information.*

By my signature below, I request that Society of Certified Senior Advisors review my assertions of unethical conduct on the part of the CSA named above. Further, I understand and agree that my name will appear as complainant.

Signature of Complainant: _____ Date: _____