



ACMO Associate Complaint Questionnaire Form

Your Name:

Phone Number:

Email Address:

Street Address:

City and Province:

Postal Code:

Please answer each of the following questions to the best of your ability.

1. Provide the full name and contact information about the company the complaint is about:

Name:

Company:

Phone Number:

Website:

Email Address:

2. Summarize what the company did that you feel warrants discipline:

3. What sections of the ACMO Codes of Ethics or By-laws do you believe this conduct infringes (the final determination of this is up to the ACMO and its committees):

4. Provide the name(s) and contact information for each witness to this conduct and summarize what you believe the witness observed:

Witness #1

Name:

Phone Number:

Email Address:

Witness #2

Name:

Phone Number:

Email Address:

5. Please provide a copy of all documents relevant to this complaint (please note review of supportive material is an important part of the complaints process).