Certification Candidate Complaint Form

This form is to be used by CIMA®, CPWA®, and RMA® certification candidates to provide a sufficient description of an Investments & Wealth Institute candidate policy, practice, or decision that forms the basis of an individual’s dissatisfaction.

Please provide as much detail as possible. The Institute’s Certification department may request additional information.

Date: _______ / _______/ ________

Certification Department Use Only: CIN ________________________________

1. Please provide your contact information:

Name: ________________________________________________________________

Company: ______________________________________________________________

Business Address: _______________________________________________________

City: ___________________________ State: _______ Postal Code: ______________

Business Phone: ___________________________ Email: _______________________

2. Please check appropriate certification candidacy:

☐ CIMA®  ☐ CPWA®  ☐ RMA®

3. Please describe your complaint in detail (Attach additional pages if needed):

________________________________________________________________________

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4. Please state your desired resolution:

________________________________________________________________________

________________________________________________________________________

I attest that the foregoing statements are factual and made in good faith based upon my knowledge.

Signature: ___________________________ Date: ________________________

Submit the completed and signed form to Investments & Wealth Institute, Attn: Certification Department, 5619 DTC Parkway, Suite 500, Greenwood Village, CO 80111, Fax: +1 303-770-1812 | certification@i-w.org