Chartered Insurance Institute
Standards. Professionalism. Trust.

Important notes:

Please complete all sections of this form in BLOCK CAPITALS and return via email to: **complaintsagainstciimembers@cii.co.uk**

If you require any assistance or advice when completing this form please call Customer Service on +44 (0)20 8989 8464 or email: **customer.serv@cii.co.uk**

Complaints Against a CII Member

Section A – Your Personal details

Mr/Mrs/Miss/ Ms/Other

Surname/ Family name

Forename/ Given name(s)

Preferred name

(Please enter the name you would like to be addressed by for all correspondence)

Telephone number

Ext

Mobile

Mandatory - please take care to enter this correctly as we will be unable to consider your complaint without a valid email address.

Primary email

Alternative email

Section B – Details of Member about whom you wish to complain

CII/PFS permanent identity number if known (PIN)

Mr/Mrs/Miss/ Ms/Other

Surname/ Family name

Forename/ Given name(s)

Employer's name

Telephone number

Ext

Mobile

Work address

Postcode

Country

Email address

Section C - The Complaint

Please briefly categorise the complaint e.g. improper handling of client funds (note a full explanation is required later in the form)

Date or time of the incident

Which section of the CII Code of Ethics or any other CII regulation, do you believe to have been contravened?

Have you lodged a complaint about this member with the CII before? If so, please give date of the complaint

If the date is over one year ago, please explain why you have not complained to the CII within one year of the complaint

Have you taken the complaint up with anyone else before? Such as the member, the member's employer, the FCA or the Financial Ombudsman. If so, please give details of the person to whom you made the complaintand details of the outcome. If you have not taken up the complaint with the member, please advise why you have not done so so that we may consider the same.

Please give the date the complaint was made

Please explain the outcome of the complaint

Section C – The Complaint – continued

Please list the evidence that you are sending in support of this complaint and put a number by each item. Please write the number you have allocated to each piece of evidence on the top right hand corner of the evidence provided. The information that the CII requires is the following:

- Who the evidence is produced by
- What the evidence is
- Date of the evidence

Section C – The complaint – continued

Please give full details of the complaint below. Where the evidence you are submitting supports your complaint, please put the evidence number which you have allocated against the correct sentence.

Section D – Important notes for Complainants

Please note that:

1. The CII has no authority to impose an order for financial award (including compensation) to the complainant in any circumstances. If you require financial redress you will need to submit your complaint to the relevant regulator and/or consider a claim against the other party's professional indemnity insurance where appropriate.

2. Making a complaint against a CII member is not a substitute for taking legal action where appropriate. If a complaint is currently or likely to be before the courts then the complaint will be stayed pending the determination of the courts.

3. If the complaint is being investigated by any other professional or regulatory body or other tribunal, then the CII will stay the complaint pending the determination of the other proceedings.

4. Not all errors made by a member will necessarily imply a breach of the Code of Ethics or lead to disciplinary action. Disciplinary action may be appropriate, however, where errors are of a significant volume to indicate a possible lack of professional competence.

5. If a member has given advice which, in hindsight, turns out to have been flawed, and as a result of which you have suffered loss, this is a matter for their or their firm's professional indemnity insurers and you may need to seek legal advice on this.

Section E - Declarations

I believe that the facts stated in this form are true and that the documents provided are accurate and are not intended to mislead the CII.

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I understand that a copy of this form, enclosures and future correspondence may be copied to the Respondent(s) and any other interested third parties.

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If you do not wish your name to be disclosed to the Respondent(s) please tick the box as it may be possible to black out any details that identify you in the correspondence.

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Signed: Date:

Please return a copy of a completed form with the attached evidence to **complaintsagainstciimembers@cii.co.uk** or send

it to: **The Legal Department,** 1st Floor, 30 Old Broad Street, London, EC2N 1HT

The Chartered Insurance Institute
CII Customer Service, 1st Floor, 30 Old Broad Street,
London, EC2N 1HT

Tel: +44 (0)20 8989 8464

Chartered Insurance Institute
@CIIGroup
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