



**Public – Client – Colleague Complaint Form**

**Please Note:** The Institute of Certified Management Consultants of Alberta only has authority to investigate a complaint against a registered member in Alberta and can only address professional misconduct for those holding the Certified Management Consultant (CMC) or Fellow Certified Management Consultant (FCMC) designations.

The Following Complaint is made through a fillable PDF document which must be saved and sent by email to [cmc.alberta.registrar@gmail.com](mailto:cmc.alberta.registrar@gmail.com) or by hard copy to the attention of our Registrar at the address above.

**Information of the Person Registering a Compliant (The Complainant)**

First Name, Surname

\_\_\_\_\_

Organization (if any):

Title:

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

City:

Province:

Post Code:

\_\_\_\_\_

Telephone:

Email:

\_\_\_\_\_

**Management Consultant of Complaint**

First Name, Surname

\_\_\_\_\_

Organization (if any):

Title:

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

City:

Province:

Post Code:

\_\_\_\_\_

Telephone:

Email:

\_\_\_\_\_

CMC    FCMC    Don't know

Your Relationship to the Consultant

Client    Employer    Colleague    Another CMC/FCMC



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**Details of Complaint:**

Date(s) of Incident/Engagement

Location of Incident/Engagement

Your Understanding of the Engagement/Situation Expectations

Your Understanding of any Fees or Deliverables of Concern

Specific Concerns and Concrete Examples of Poor Practice or Unethical Practice

Details of Any Discussions you Have Had with the Consultant about Your Concerns

Details of Any Steps Taken to Resolve Your Concerns to This Point

Identification of Applicable Provisions of our Universal Code of Conduct, You Feel have Been Violated

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**Statement and Certification**

By submitting this professional conduct complaint, I charge the Consultant identified herein with violation (s) of the CMC-Canada Uniform Code of Professional Conduct. I have read the Procedures that form part of this document and I agree to abide by the conditions and terms of these rules.

I understand that I am required to, and that ICMCA shall make reasonable efforts to, keep the information that has been, and will be, submitted concerning this proceeding confidential, as set forth in the Procedures and subject to its exceptions.

I also understand that the Consultant will receive a complete, non-redacted copy of this document, as well as other information that is submitted with regard to the Professional Conduct Complaint.

I further understand that some or all of the information submitted with regard to the Complaint may be disclosed – in either redacted or non-redacted form – to ICMCA members and others following a final determination by the Practice Review and Discipline Committee.

I certify that the allegations made in this ICMCA Complaint are true and accurate to the best of my knowledge.

Name of Complainant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_