

Member Complaint Form

ICB Member Details

Member's Name _____

ICB Membership Number (if known) _____

Company Name _____

Address _____

Your Details

Name _____

Company _____

Address _____

Contact Phone Number _____ Email _____

Have you advised the member and/or their company of the problem? Yes No

If yes, please advise dates and their response:

Have you lodged a complaint with or referred this matter to any of the organisations below?

Yes

No

If yes, please advise with who:

Department of Fair Trading or
Consumer Affairs

Tax Practitioners Board

Australian Securities &
Investments Commission

Australian Taxation Office

Australian Competition and
Consumer Commission

Police (State or Federal)

Other: _____

Please confirm details and response: _____

Have you commenced legal proceedings?

Yes

No

If yes, at what stage are the proceedings: _____

Details of your complaint:

Authority

I authorise the Institute of Certified Bookkeepers to forward a copy of this complaint and all supporting documentation to the ICB Member concerned. I acknowledge that the information I have provided to the ICB is complete and accurate.

Please note: If you do not provide your authority, this complaint cannot be investigated.

Documents

If you have relevant documentary evidence to support your claim(s), please forward copies.

Please note: If you are unable to provide documentary evidence at the time of complaint, ICB may call for it at a later stage, once your complaint has been assessed.