

The Institute of Certified Bookkeepers

Member Complaint Form

ICB Member details

Member's Name: _____

ICB Membership Number (if known): _____

Company Name: _____

Address: _____

Your details

Name: _____

Company: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

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

If you have, please advise dates and their response:

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

Yes No

If yes, please advise with who:

State Board of Accountancy

Better Business Bureau

Local Taxation Office

Police (State and/or Federal)

Other

Confirm details and response:

Have you commenced legal proceedings? Yes No

If yes, at what stage are the proceedings: _____

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Details of your complaint:

Authority

I authorize 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 making your complaint, the ICB can call for it at a later stage, once your complaint has been assessed).