

Complaint Form

Introduction

Part IV of the Accountants Law, 2016 and the Accountants Disciplinary Regulations provide that any person may bring to the attention of CIIPA any facts or matters indicating that a member of CIIPA may have become liable to disciplinary action under the Law. This must take the form of a formal complaint, signed and submitted in the format below to:

CIIPA Liaison Officer
Cayman Islands Institute of Professional Accountants
P.O. Box 1577 GT, Grand Cayman, Cayman Islands
Phone (345) 749-3360
Email: complaints@CIIPA.ky

Procedure

Once submitted, receipt of the complaint will be acknowledged to the address provided below, but other than request any further information needed to process the complaint or any subsequent investigation you will not be a part of this process nor will you necessarily be advised of the outcome of the CIIPA process.

Completing the Form

Please complete all fields in the form providing all information relevant to the complaint. Note that the appropriate ground for complaint must be selected for each act complained about.

- 1 Date of Complaint
- 2 Name of Complainant
- 3 Firm/Company of Complainant
- 4 Address
- 5 Telephone Number
- 6 Email address

7 Name of Person to which the complaint relates

8 Firm/Company
(if applicable)

9 Relationship of Complainant to person
complained about

10 *These are the grounds for complaint under the Law. Complaints will only be considered where the act complained of relates to one of these grounds. Tick all the grounds that apply for this Complaint Form. Then describe in 11. below all the acts or incidents that have led to the complaint being made, the date of the incident and indicate the primary ground for complaint for each act.*

Tick

- | | | |
|---|---|--------------------------|
| a | Misconduct, dishonesty, or incompetence in the performance of his professional duties | <input type="checkbox"/> |
| b | Breach of standards of professional conduct of an Approved Institute | <input type="checkbox"/> |
| c | Made any statement which to his knowledge is false in any material particular or has made any other misleading or fraudulent representation (in order to procure registration as member or student, obtain a licence) | <input type="checkbox"/> |
| d | Has been convicted of criminal offence for which the Complainant considers the person unfit to be a member, student or practitioner member. | <input type="checkbox"/> |
| e | Has brought the Society into disrepute. | <input type="checkbox"/> |

11 **Description of act leading to Complaint. Please include the date(s) of incidents as well as the grounds (a through e above) for each incident.**

12 Signed

Date