National Association of Estate Planners & Councils
1120 Chester Avenue - Suite 470, Cleveland, Ohio 44114

FORM FOR COMPLAINT AGAINST AN
ACCREDITED ESTATE PLANNER® (AEP®) DESIGNEE

Please provide as much detail as possible on this form and/or in an accompanying letter with supporting documents so that a thorough review by the AEP® Committee Chairperson and Complaint Review Committee, if warranted, is possible.

Contact information for the AEP® designee against whom this complaint is being filed

Name of AEP® Designee: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____ **Telephone:** _____

Contact information for the Complaining Party

Name of Complaining Party: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____ **Telephone:** _____

Describe in detail the basis for your complaint and the reasons why you believe the AEP® designee named above acted in an unethical or unprofessional manner:

_____
_____
_____
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_____
_____
_____

Signature of Complaining Party: _____

Date: _____