Institute of Management Consultants and Master Coaches of South Africa (IMCSA)

# Ethics Complaints Form - Guidelines for completing this form

The Institute for Management Consultants and Master Coaches of South Africa (IMCSA) provides this form to individuals, groups or organizations who wish to submit a complaint regarding the professional conduct of an IMCSA member.

To start the complaints process, each Complainant must complete this form and submit it to: [info@imcsa.org.za](mailto:info@imcsa.org.za). This form must be signed electronically to be considered.

Pursuant to IMCSA Complaints Procedures, the Complainant(s) and anyone against whom charges are filed must treat this form and all information submitted to the Registrar, Investigator and Discipline Committee as confidential.

A complaint is forwarded to the Discipline Committee when:

1. the completed Complaint Form is received.

2. all information in support of the complaint is received; and

3. any additional information/documentation requested by the Registrar, Investigator or Discipline Committee is received.

The IMCSA secretariat will send confirmation of receipt of the complaint to the Complainant.

The Registrar will not review incomplete complaints. Anonymous or frivolous complaints are not permitted and will not be reviewed.

Complainants should be timely, relevant and refer to the IMCSA Code of Ethics. This Complaints Process should not be used to report problems or concerns with IMCSA volunteers or IMCSA staff. Those concerns, plus questions about organizational or policy matters should be directed to the Chief Executive Officer.

Complainants are responsible for all costs associated with filing a complaint and all personal costs related to their involvement in the Professional Conduct Complaint process.

Member Professional Conduct Complaint Form

|  |  |  |
| --- | --- | --- |
| Person Registering Complaint (the Complaint) |  |  |
| Preferred Salutation: Mr. □ Ms. □ Mx. □ Dr.□ Other………………. |  |  |
| Surname: | First Name: |  |
| Company: | Title: |  |
| Company Address: |  |  |
| City: | Province: | Postal Code: |
| Business Telephone: ext | Email address: |  |

|  |  |  |
| --- | --- | --- |
| Management Consultant about whom complaint is being made |  |  |
| Salutation: Mr. □ Miss □ Ms. □ Mrs. Dr. □ Other…………………… |  |  |
| Surname: | First Name: |  |
| Company: | Title: |  |
| Company Address: |  |  |
| City: | Province: | Postal Code: |
| Business Telephone: ext | Email address: |  |
| Member □ CMC □ FCMC □ BRP □ Don't know □ |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your relationship to the consultant? | | |  |
|  |  |  |  |
| Client □ | Employer □ | Colleague □ | another CMC □ |
|  |  |  |  |
| Other: |  |  |  |

|  |  |
| --- | --- |
| Details of Complaint |  |
| Dates of event/incident/issue |  |
| Location of event/incident/issue |  |
| Your understanding of the event/incident/issue |  |
| Your understanding of the event/incident/issue fee |  |

|  |  |
| --- | --- |
| Specific concerns about the event/incident/issue |  |
| Names of any lawyers, accountants or other professional bodies you have spoken to about this event/incident/issue. If a court ruling has taken place, please indicate date and time. Please note, that if a court ruling has been issued and there is an appeal or subsequent judgement, the IMCSA may not override it but will consider it in the due process.  Note that one or more of these people may be contacted about this Complaint. |  |
| Details of any discussion you have had with the consultant concerning the event/incident/issue.  List the steps you have taken to resolve the issue with the Consultant prior to submitting this form. |  |

|  |  |
| --- | --- |
| State the applicable provisions of IMCSA Code of Ethics that you feel have been violated. |  |
| How has this affected your business?  What loss or harm has been experienced that is attributable to this complaint? |  |
| What would you consider to be an appropriate resolution to your complaint? |  |
| Is there anyone else – either at your place of business or elsewhere – that you would like us to talk to?  Include name, contact information, title and role in the Engagement, if any. |  |
| List all documents pertaining to the complaint that are attached to this form. Please do not overload us with irrelevant details, as we may simply ignore the entire complaint.  Note that originals of this Complaint Form and all supporting documents must be supplied to us should we consider disciplinary action against the member. |  |
| Additional information |  |

# Statement and certification

By submitting this professional conduct complaint, I charge the Consultant identified herein with a violation(s) of the IMCSA Code of Ethics. 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 the IMCSA 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 may receive a complete, non-redacted copy of this document, as well as other information that is submitted regarding the Professional Conduct Complaint.

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

I certify that the factual allegations made in this IMCSA Ethics Complaint are true and accurate to the best of my knowledge and that these charges are made in good faith.

Signature of Complainant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_