



# CMP™ GREIVANCE FORM

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## SUBMIT A COMPLAINT AGAINST A CMP™ PROFESSIONAL

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Please report your complaint in as much detail as possible. CMP™ Board staff will request additional information if needed and may request a personal interview if it appears necessary. Because one of the functions of CMP™ Board and its ethics panel is the evaluation of grievances, please be assured that your grievance will be investigated vigorously and thoroughly.

Please be aware that pursuant to CMP™ Board's confidentiality provisions, the CMP™ Board is not able to share any updates on the status of the investigation with you. You will be notified in writing when the investigation is concluded.

CMP™ Board will accept an anonymous complaint. It is often the case, however, that preserving a complainant's anonymity may result in CMP™ Board not being able to conduct a full investigation.

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Date: \_\_\_\_\_

### 1. Please enter contact information on the CMP™ against whom this complaint is being filed:

Planner's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. Please enter your personal information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**3. Please enter information about your complaint:**

A. Please describe your complaint and the reasons you believe a violation exists:

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(Attach additional pages if needed)

B. Did the CMP™ professional provide you with some type of disclosure document, which described the forms of compensation, potential or real conflicts of interest, services provided, agency or employment relationships and the philosophy or operating methods employed?

Yes (If yes, please send CMP™ Board a copy)       No

C. Did you pay a fee to the CMP™ professional?

Yes (If yes, how much: \$\_\_\_\_\_ )       No

D. Did you sign a written contractual agreement?

Yes       No

(If not, what is your business relationship to this individual? \_\_\_\_\_ )

E. Have you notified any regulatory authorities in connection with your complaint?

Yes \_\_\_\_\_       No \_\_\_\_\_

(If yes, which one(s): \_\_\_\_\_ )

F. Have you begun legal action against this individual?

Yes \_\_\_\_\_       No \_\_\_\_\_

4. Please sign and mail your complaint to **CMP™ Governing Board, Attn: Professional Standards, P.O. Box 141031, Cleveland, OH 44114.**

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By signing below, I acknowledge that if CMP™ Governing Board deems that there are sufficient grounds to initiate an investigation, the CMP™ professional who is the subject of my complaint will be given notice of the issues presented in the complaint and given the opportunity to respond. I further acknowledge that CMP™ Board may share details of the investigation with other state and federal regulatory bodies, as appropriate, including but not limited to a state bar association, a state insurance commissioner, the Financial Industry Regulatory Authority, Inc. and/or the Securities and Exchange Commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please also sign the attached privacy waiver indicating your willingness to release financial information relating to your complaint to CMP™ Governing Board.

#### **SUBMISSION INSTRUCTIONS**

Once you have completed and signed the grievance form you can scan and email to [standards@cmpboard.org](mailto:standards@cmpboard.org), or mail to **CMP™ Governing Board Attn: Professional Standards P.O. Box 141031 Cleveland, OH 44114**

Any questions or comments, e-mail: [standards@cmpboard.org](mailto:standards@cmpboard.org)

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# PRIVACY WAIVER

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Date: \_\_\_\_\_

To Whom It May Concern:

Please consider this correspondence written authorization to provide Certified Medicaid Planner™ Governing Board (“CMP™ Board”) with information being sought in connection with their investigation of my/our grievance against a Certified Medicaid Planner™.

I understand that by signing this waiver I am explicitly waiving my privacy with respect to CMP™ Board’s investigation so that CMP™ Board can receive my/our personal information (including without restriction my/our financial and/or legal information).

Sincerely,

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_