



To: Chief Executive and Secretary
 The Institute of Chartered Secretaries and Administrators in Zimbabwe
 22 – 32 McCullery Avenue
 Eastlea
 Harare

CONFIDENTIAL

COMPLAINT FORM

Note: A valid complaint must be supported by evidence that is sufficient to show the possibility of improper acts or breaches of professional conduct committed by Institute of Chartered Secretaries and Administrators in Zimbabwe (ICSAZ) members. The Institute is not able to proceed on unsubstantiated allegations

A. Details of the ICSAZ member against whom you wish to lodge a complaint:

- 1. Name of ICSAZ member : _____
- 2. Name of Company : _____
- 3. Position : _____
- 4. Office Address : _____

- 5. Contact number : _____
- 6. Email address : _____

7. The relationship of the ICSAZ member to the complainant:
 (please tick as appropriated)

- Company Secretary
- Accountant
- Auditor
- Employee
- Other, please specify _____
- Not related

B. Complainant's Information

1. Name: (Mr/Mrs/Ms) _____
2. I am acting on behalf of:-
Company Name : _____
Position : _____
3. Address : _____

4. Contact number: _____ (office); _____ (Mobile)
5. Email Address: _____
6. I am a member of ICSAZ:
 Yes. Membership No: _____
 No. Other Professional qualification (please specify): _____
7. Do you want to keep your identity confidential?
 Yes
 No

C. Details of the Complaint:

1. Nature of the complaint:
(Note: Fees or other commercial disputes are outside the jurisdiction of ICSAZ)
- Non-compliance of the ICSA By-Laws
 Non-compliance of performance and misconduct under the ICSAZ Code of Professional Conduct
 Breach of confidentiality
 Breach of statutory rules and regulations
 Not safeguarding the interests of employers/ colleagues/ clients
 Involved in illegal or unethical activities
 Misbehaviours which affect the reputation, status, interest of ICSAZ
 Criminal conviction involving dishonesty
 Others (please specify) : _____
2. Have you also put forward this complaint about this member to other authorities?
 Yes. The Outcome is:

(Please provide the supporting documents)
- No

3. Please describe your complaint(s):

4. Provision of relevant documents to support your complaint(s)

Date (in chronological order)	Description of event	Supporting document attached (Appendix A, B, C etc.)

5. If required, I am prepared to appear and give evidence at any meeting or hearing relevant to this complaint(s) conducted by IC SA Z.

Yes.

No. The reason is:-----

D. Authorisation and Declaration

1. I authorise ICSAZ to forward a copy of this complaint(s) and any other information provided by me from time to time to the member against whom this complaint is made.

- Yes.
 No. The reason is: _____

2. I agree that I will, to the best of my knowledge, provide information necessary for the ICSAZ disciplinary process in respect of this complaint(s)

- Yes.
 No. The reason is: _____

3. To the best of my knowledge, I declare that the information included and attached to this complaint form is true and complete.

Surname : _____

Other Name : _____

Position/Title : _____

Company : _____

Signature : _____

Date : _____

Personal Data (Privacy) Ordinance:

All information provided in this form will be used by the Institute for the purpose relating to the performance of the Institute's regulatory function. The provision of personal data by means of this form is voluntary. It may be accessible to offices, committees or persons when processing the complaint raised in this form.

ICSAZ is unable to proceed on unsubstantiated allegations.

Please attach all relevant documents to support your complaints

FOR OFFICE USE ONLY

Handled on _____ by _____ Notification email sent on: _____

Reply sent on: _____