

COMPLAINT FORM

Please complete in block capitals (using black ink if possible)

1.	Your details				
		Name			
		Address			
		Daytime telephone number			
		Email address			
2.	Mer	nber's / Student's details			
		Name			
		Firm			
		Address			
3.	Hav	e you taken your complaint up with the member / student?	Yes □ No □		
	Or	with their firm?	Yes \square No \square		
	If so, what happened? If not, why not?				

4.	Please set out, as clearly as possible, your complaint. You must tell us who you are complaining about, when the events you are complaining about occurred and what you believe was done wrong and outline your relationship with the member.			

If necessary continue on separate sheets of paper. If appropriate please state how many extra sheets of paper you will be submitting.

5. Please list any documents you are enclosing in support of your compla	int.
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6. Are there any court proceedings, either planned or on-going, linked to	your complaint?
	Yes □ No □
If yes, please give details	
7. Have you written to the institute about this matter before?	
If no, please give the date(s) of your letter(s)	Yes \square No \square
I agree that a copy of this form, enclosures and future correspondence may be member and, if appropriate, their representative.	e copied to the
Signed Date	
Please return to: The Secretary to the Investigation Committee	
Irish Tax Institute,	
South Block,Longboat Quay,	
Grand Canal Harbour, Dublin 2; or	
by email to investigation-secretary@taxinstitute.ie	