

COMPLAINTS FORM

Allegation of a breach of the FINZ Codes of Ethics and/or Professional Conduct

Please provi	de details of	the person or orga	nisation being complained about:
Name:			
Address:			
Email:			
Phone:			
ls this persor	or organisa	tion a member of F	INZ? (please tick)
Yes	No	Don't Know	
		od the FINZ Complethics/code-of-ethic	aints process provided in hardcopy or online at (please tick)
l Have			
Nature of the	Complaint:		
breached k	by the persor	n or organisation na	odes of Ethics and/or Professional Conduct that have allegedly been med above and detail the nature of your complaint below. Please upport your complaint.
Date of the c	onduct that	is the subject of the	complaint:
Details of the	e person mal	king the complaint	(the complainant):
Name:			
Address:			
Email:			
Phone:			
Are you or yo	our organisat	tion a FINZ Membe	r? (please tick)
Yes	No	Don't Know	
			information above is true, accurate and complete. I understand that ill be shown to the person or organisation who is the subject of my
Signature:			Date:

Please mark CONFIDENTIAL and return this completed and signed form and supporting documents to: Chief Executive Officer, The Fundraising Institute of New Zealand, PO Box 11 203 Manners Street Wellington 6142 or deliver to FINZ Level 3, 50 Manners Street, Wellington.