

ICF Complaint Submission Form Samples

Click on a link below to see a sample of that type of application.

- Complain Against an Individual: Ethical complaint against an individual coach
- **Complaint Against an Organization:** Code of Conduct complaint against an organization providing coach-specific training
- Complaint Against Both (Individual and Organization): Ethical complaint against an individual coach and a Code of Conduct complaint against an organization providing coach-specific training
- Complaint Against Curriculum: Complaint concerning a coach-specific training program's curriculum

ICF Formal Complaint Submission Form

On behalf of International Coach Federation (ICF) and its members, we thank you in advance for your cooperation with our Ethical Conduct Review (ECR) Process and Program Complaint Process. This form should be used to report possible breaches of the ICF Code of Ethics or the ICF Code of Conduct. Before completing this form, we highly recommend that you read the ICF Code of Ethics, the ICF Program Accreditation Code of Conduct and the Explanation of the Complaint Process. To most effectively serve all those involved, and to assist in a just resolution, please provide the information requested on the form below.

What is the nature of your complaint? *

- Ethical complaint against an individual coach;
- Code of Conduct complaint against an organization providing Coach-Specific Training;
- Both (Ethical complaint against an individual & Code of Conduct complaint against an organization providing Coach-Specific Training);
- Or, complaint concerning a coach-specific training program's curriculum.

Next Next

Complainant (Individual filing the complaint)

| ***Please know that | the ICF will not in | nvestigate anonyr | nous complaints | 5.*** | |
|---------------------|--------------------------------------|-------------------|-----------------|---------|-------------|
| Full Name: * | First Name | Last Name | | | |
| Title: * | | | | | |
| Address: * | Street Address Street Address Line 2 | 2 | | | |
| | City Postal / Zip Code | State / Provin | | _1 | 97. |
| Daytime Phone: * | | | | M | 306 |
| E-mail address: * | ex: myname@exa | mple.com | | 70-91 | Q |
| Preferred method | of contact: * | | | 3 1286 | |
| Please select your | time zone: | 2 OK | | | |
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| Select a timez | one using the n | | the dropdown | n below | |
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Information about the coach involved in your complaint

| Coach's Full Name: First Name Last Name | |
|---|--|
| Name of Coach's Business (if applicable): | |
| | |
| Address (if applicable): | |
| Street Address | |
| | |
| Street Address Line 2 | |
| City State / Province | |
| Please Select ▼ Postal / Zip Code Country | |
| Please Select Postal / Zip Code Country Daytime Phone: * E-mail Address: * ex: myname@example.com | |
| Is the Coach an ICF Member? * | |
| May May | |
| Is the Coach ICF Credentialed? * | |
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| Back | |

Information and documentation outlining the relationship

| What was your relationship with this coad | ch at the time of the alleged breach? * |
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| Optional: Please upload verifiable proof of i.e. invoice, contract, etc) | of the above documented relationship: |
| Choose File No file chosen | |
| | |
| f you had a coach-client relationship, wa | s there a written agreement? * |
|) Yes | 7 9/3 |
| ○ No | 04/2 Sibb |
| What financial arrangements did you have | e with this coach? * |
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| What other agreements or understanding | s did you have? * |
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| Back | Next |

Information regarding the specific allegations

| Standards of ICF Code of Ethics (Part t were breached by the coach named in t | wo, Paragraphs 1 through 25) that alleged this complaint: * |
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| What was involved in the alleged bread | ch of the ICF Code of Ethics? * |
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| When did these events take place? * | 7 9/3 |
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| Where did the events occur? * | 11/2 150 |
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| Specifically, what happened? * | |
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| Back | Next |

Action taken to resolve the disagreement

| What resolution alternatives have you and the coach discussed to date? * |
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| State below any other actions you have taken to resolve this complaint and the outcomes: * |
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| y submitting this complaint, what are the expected outcomes from this process? |
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Upload supporting documents

Instructions

- 1. Provide a document name (short display name for the document);
- 2. Browse your computer files for the document(s) you wish to upload;
- 3. Click the upload button;
- 4. Use the additional upload fields for the remainder of your supporting documents;
- 5. and, when finished upload all supporting materials, click the Next button to continue.

| Document Name: | | | |
|--|-----------------|----------------|-----|
| 1. Supporting docum | nent: | | |
| Choose File No file chos | en | 1 | 14. |
| Document Name: | | 10/10/00 | |
| 2. Additional suppor | ting documents: | 1/4 60 | |
| Choose File No file chos | en | | |
| Document Name: 3. Additional suppor Choose File No file chos | | o e | |
| Document Name: | • | | |
| 4. Additional suppor | _ | | |
| Ва | ck | N | ext |

Authorization to Investigate

Please complete the following authorization for us to proceed with an investigation of your complaint.

I declare the facts that I have stated herein to be true and the supporting documentation I am submitting to be authentic to the best of my knowledge. I hereby authorize the ICF staff and the ICF Independent Review Board (IRB) to review my complaint and communicate this information to the Coach or Organization identified in this complaint. I further understand that:

- (1) the ICF, its officers, directors and staff, including the IRB members, cannot guarantee any outcome, and are therefore held harmless of any claim arising out of this complaint or the ECR Process;
- (2) the ICF, IRB is not a court of law and cannot impose monetary awards or provide injunctive or other relief, but can provide certain remedies (such as, by way of example, requiring the coach named in the complaint to take certain trainings) and certain sanctions (such as, by way of example, suspending or terminating an organization's approval/accreditation with the ICF); and
- (3) the ICF, the IRB and anyone associated with the ECR Process cannot act as my attorney or advisor.

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Signature of complainant (please use your mouse cursor to sign in the space

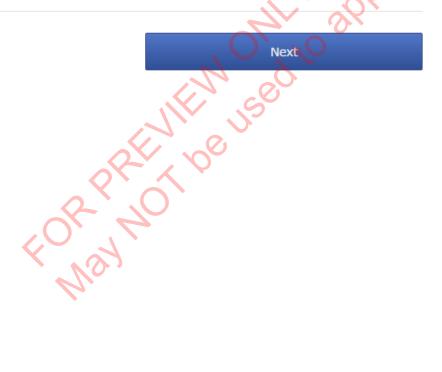
| providea): * | \sim \sim \sim \sim | |
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| Full Name: * | Clea First Name Last Name | r |
| Signature Date: * | 01 - 26 - 2015 Month Day Year | |

ICF Formal Complaint Submission Form

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- Ethical complaint against an individual coach;
- Code of Conduct complaint against an organization providing Coach-Specific Training;
- Both (Ethical complaint against an individual & Code of Conduct complaint against an organization providing Coach-Specific Training);
- Or, complaint concerning a coach-specific training program's curriculum.



Complainant (Individual filing the complaint)

| ***Please know that | the ICF will not in | nvestigate anonyr | nous complaints | 5.*** | |
|---------------------|--------------------------------------|-------------------|-----------------|---------|-------------|
| Full Name: * | First Name | Last Name | | | |
| Title: * | | | | | |
| Address: * | Street Address Street Address Line 2 | 2 | | | |
| | City Postal / Zip Code | State / Provin | | _1 | 97. |
| Daytime Phone: * | | | | M | 306 |
| E-mail address: * | ex: myname@exa | mple.com | | 70-91 | Q |
| Preferred method | of contact: * | | | 3 1286 | |
| Please select your | time zone: | 2 OK | | | |
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| Select a timez | one using the n | | the dropdown | n below | |
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| | n-d. | | | March | |

Information regarding the organization involved in the complaint

| Name of the Organization: * |
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| |
| Name of the ICF approved/accredited coach-specific training program: * |
| Is this training program accredited or approved with ICF as an Accredited Coach Training Program (ACTP), Approved Coach-Specific Training Hours (ACSTH) course or Continuing Coach Education (CCE) course? * |
| Organization's Website: |
| Contact e-mail address for this organization (if known): |
| ex: myname@example.com Address (if known): |
| Street Address |
| Street Address Line 2 City State / Province |
| Postal / Zip Code Country Postal / Zip Code |
| Daytime Phone: |
| Back |

Information and documentation outlining the relationship

| What was your relationship with this organized breach? * | nization at the time of the alleged |
|---|--------------------------------------|
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| | |
| Please upload verifiable proof of the above certificate of completion, etc) * | e documented relationship: (invoice, |
| Choose File No file chosen | |
| Are you enrolled in a training program bei | ng delivered by this organization? * |
| Yes, I am currently enrolled | 1 74. |
| O No, I was enrolled at one time by not any lo | nger. |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | offered by this organization. |
| | O *O |
| Have you completed any training hours wi | th this organization to date? * |
| O Yes | 60 |
| ○ No | 11/1/19 |
| | |
| Did you sign an agreement or contract to e | enroll in this training program? * |
| O Yes | |
| ● No | |
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| Back | Next |

Information regarding the specific allegations

| CF Program Accreditation Code of Condu by the coach-specific training organizatio | uct standard that allegedly were breache on named in this complaint: * |
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| Who was involved in the alleged breach conduct? * | of the ICF Program Accreditation Code o |
| onduct? * | |
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| pecifically, what happened? | |
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Action taken to resolve the disagreement

| What resolution alternatives have you and the organization discussed to date? * |
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| tate below any other actions you have taken to resolve this complaint and the utcomes: * |
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| y submitting this complaint, what are the expected outcomes from this process: |
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Upload supporting documents

Instructions

- 1. Provide a document name (short display name for the document);
- 2. Browse your computer files for the document(s) you wish to upload;
- 3. Click the upload button;
- 4. Use the additional upload fields for the remainder of your supporting documents;
- 5. and, when finished upload all supporting materials, click the Next button to continue.

| Document Name: | | | | |
|---|------|--|--|--|
| 1. Supporting document: | | | | |
| Choose File No file chosen | 17. | | | |
| | 0/1 | | | |
| Document Name: | 201 | | | |
| , O xo | | | | |
| 2. Additional supporting documents: | | | | |
| Choose File No file chosen | | | | |
| Choose File No file chosen | | | | |
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| Document Name: | | | | |
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| 3. Additional supporting documents: | | | | |
| Choose File No file chosen | | | | |
| Document Name: | | | | |
| 4. Additional supporting documents: Choose File No file chosen | | | | |
| Back | Next | | | |

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Signature of complainant (please use your mouse cursor to sign in the space

| providea): * | \sim \sim \sim \sim | |
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| Full Name: * | Clea First Name Last Name | r |
| Signature Date: * | 01 - 26 - 2015 Month Day Year | |

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|---------------------|--------------------------------------|-------------------|-----------------|---------|-------------|
| Full Name: * | First Name | Last Name | | | |
| Title: * | | | | | |
| Address: * | Street Address Street Address Line 2 | 2 | | | |
| | City Postal / Zip Code | State / Provin | | _1 | 97. |
| Daytime Phone: * | | | | M | 306 |
| E-mail address: * | ex: myname@exa | mple.com | | 70-91 | Q |
| Preferred method | of contact: * | | | 3 1286 | |
| Please select your | time zone: | 2 OK | | | |
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| Select a timez | one using the n | | the dropdown | n below | |
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Information about the coach involved in your complaint

| Coach's Full Name: | |
|-----------------------|-------------------------|
| | First Name Last Name |
| Name of Coach's Bu | siness (if applicable): |
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| | |
| Address (if applicab | le): |
| | |
| Street Address | |
| | |
| Street Address Line 2 | |
| | 7 2/3 |
| City | State / Province |
| | Please Select ▼ |
| Postal / Zip Code | Country |
| | Please Select ▼ Country |
| Daytime Phone: * | |
| | |
| E-mail Address: * | ex: myname@example.com |
| L IIIdii Addressi | ex. myname@example.com |
| | |
| Is the Coach an ICF | Member? * |
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| Is the Coach ICF Cre | edentialed? * |
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Information regarding the organization involved in the complaint

| Name of the Organiz | ration: * | |
|------------------------------------|---|--|
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| lame of the ICF app | proved/accredited coacl | h-specific training program: * |
| | | |
| Training Program (<i>F</i> | | oved with ICF as an Accredited Coach -Specific Training Hours (ACSTH) |
| Organization's Webs | site: | 10 1/2 3/5 S/S/1/2. |
| Contact e-mail addr | ess for this organization | (if known): |
| ex: myname@example.d | :om | 11 113 |
| Address (if known): Street Address | - R - R - R - R - R - R - R - R - R - R | , po |
| | | |
| Street Address Line 2 | No | |
| | | |
| City | State / Province | |
| Postal / Zin Cod- | Please Select ▼ | |
| ostal / Zip Code | Country | |
| Daytime Phone: | | |
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Information and documentation outlining the relationship

| What was your relationship with this coach at the time of the alleged breach? * |
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| Optional: Please upload verifiable proof of the above documented relationship: (i.e. invoice, contract, etc) |
| Choose File No file chosen |
| What was your relationship with this organization at the time of the alleged breach? * |
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| |
| Please upload verifiable proof of the above documented relationship: (invoice, certificate of completion, etc) * |
| Choose File No file chosen |
| If you had a coach-client relationship, was there a written agreement? * |
| O Yes |
| • No |
| hat financial arrangements did you have with this coach? * |
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| hat other agreements or understandings did you have? * |
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| are you enroned in a training program be | ang denvered by this organization? |
|---|---|
| Yes, I am currently enrolled | |
| No, I was enrolled at one time by not any l | onger. |
| I have never enrolled in a training program | offered by this organization. |
| | |
| Have you completed any training hours w | rith this organization to date? * |
|) Yes | - |
| No No | |
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| old you sign an agreement or contract to | oproll in this training program? * |
| Did you sign an agreement or contract to | enron in this training program? |
| Yes No | |
| No | |
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| Information regardin | g the specific allegations |
| illiorillation regardin | g the specific allegations |
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| were breached by the coach named in t | this complaint: * |
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| ICF Program Accreditation Code of Con | duct standard that allegedly were breached |
| by the coach-specific training organization | tion named in this complaint: * |
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| What was involved in the alleged bread | h of the ICE Code of Ethics? * |
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Action taken to resolve the disagreement

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| What resolution alternatives have you an | d the organization discussed to date? * |
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| State below any other actions you have t outcomes: * | aken to resolve this complaint and the |
| By submitting this complaint, what are the | ne expected outcomes from this process? |
| * | te expected outcomes from this process? |
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| Document Name: |
|-------------------------------------|
| 7 2014. |
| 1. Supporting document: |
| Choose File No file chosen |
| Document Name: |
| 2. Additional supporting documents: |
| Choose File No file chosen |
| Document Name: |
| 3. Additional supporting documents: |
| Choose File No file chosen |
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| Title: * | | | | | |
| Address: * | Street Address Street Address Line 2 | 2 | | | |
| | City Postal / Zip Code | State / Provin | | _1 | 97. |
| Daytime Phone: * | | | | M | 306 |
| E-mail address: * | ex: myname@exa | mple.com | | 70-91 | Q |
| Preferred method | of contact: * | | | 3 1286 | |
| Please select your | time zone: | 2 OK | | | |
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| Select a timez | one using the n | | the dropdown | n below | |
| | | | | | |
| | n-d. | | | March | |

Information regarding the organization involved in the complaint

| Name of the Organia | zation: * | |
|------------------------------------|---------------------------------------|--|
| | | |
| lame of the ICF app | proved/accredited coach-sp | pecific training program: * |
| | | |
| Training Program (<i>I</i> | | d with ICF as an Accredited Coach ecific Training Hours (ACSTH) ourse? * |
| Organization's W ebs | site: | OMITA SIDDIA. |
| Contact e-mail addr | ess for this organization (if | known |
| ex: myname@example. | :om | |
| Address (if known): Street Address | R R R R R R R R R R R R R R R R R R R | |
| | | |
| Street Address Line 2 | No | |
| | | |
| City | State / Province | |
| Postal / Zin Coda | Please Select ▼ Country | |
| ostal / Zip Code | Country | |
| Daytime Phone: | | |
| | Back | Next |

Information and documentation outlining the relationship

| What was your relationship with this organization? $f *$ | |
|--|-------------------------------|
| | |
| | |
| | |
| | // |
| | |
| Please upload verifiable proof of the above documented certificate of completion, etc) * | d relationship: (i.e invoice, |
| Choose File No file chosen | |
| | |
| Are you enrolled in a training program being delivered | by this organization? * |
| Yes, I am currently enrolled. | |
| No, I was enrolled at one time but not any longer. | 1 44. |
| I have never enrolled in a training program offered by this | s organization. |
| Have you completed any training hours with this organ | ization to date? * |
| O Yes | 7 |
| • No | JSEC |
| Did you sign an agreement or contract to enroll in this | training program? * |
| O Yes | |
| ○ No | |
| | |
| ² O, ¹ Z | |
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Information and documentation supporting the curriculum complaint



Upload supporting documents

Instructions

- 1. Provide a document name (short display name for the document);
- 2. Browse your computer files for the document(s) you wish to upload;
- 3. Click the upload button;
- 4. Use the additional upload fields for the remainder of your supporting documents;
- 5. and, when finished upload all supporting materials, click the Next button to continue.

| Document Name: | | | | |
|---|------|--|--|--|
| 1. Supporting document: | | | | |
| Choose File No file chosen | 17. | | | |
| | 0/1 | | | |
| Document Name: | | | | |
| , O xO | | | | |
| 2. Additional supporting documents: | | | | |
| Choose File No file chosen | | | | |
| Choose File No file Chosen | | | | |
| | | | | |
| Document Name: | | | | |
| 2.0 | | | | |
| 3. Additional supporting documents: | | | | |
| Choose File No file chosen | | | | |
| Document Name: | | | | |
| 4. Additional supporting documents: Choose File No file chosen | | | | |
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Authorization to Investigate

Please complete the following authorization for us to proceed with an investigation of your complaint.

I declare the facts that I have stated herein to be true and the supporting documentation I am submitting to be authentic to the best of my knowledge. I hereby authorize the ICF staff and the ICF Independent Review Board (IRB) to review my complaint and communicate this information to the Coach or Organization identified in this complaint. I further understand that:

- (1) the ICF, its officers, directors and staff, including the IRB members, cannot guarantee any outcome, and are therefore held harmless of any claim arising out of this complaint or the ECR Process;
- (2) the ICF, IRB is not a court of law and cannot impose monetary awards or provide injunctive or other relief, but can provide certain remedies (such as, by way of example, requiring the coach named in the complaint to take certain trainings) and certain sanctions (such as, by way of example, suspending or terminating an organization's approval/accreditation with the ICF); and
- (3) the ICF, the IRB and anyone associated with the ECR Process cannot act as my attorney or advisor.

I further acknowledge that a copy of this complaint and all other documents I submit will be sent to the Coach or Organization I have named. The Coach or Organization will be given an opportunity to respond to the ICF. In the event the Coach or Organization involved in my complaint is not a member of the ICF, an ICF credentialed coach or an accredited/approved organization, the ICF cannot investigate the Coach or Organization. The ICF cannot compel any action or response from the Coach or Organization and I will be so advised.

I further acknowledge that this is a peer review process. I will be advised of the outcome and any remedies or sanctions, if so imposed on the coach or organization who is the subject of this complaint. I will not be provided with or have access to investigators reports or any other documents generated by the IRB in their review of this complaint. Information about ICF Independent Review Board determinations may be disseminated for educational purposes after identities and other confidential information have been deleted and protected.

Signature of complainant (please use your mouse cursor to sign in the space

| providea): * | \sim \sim \sim \sim | |
|-------------------|-----------------------------|---|
| | FORTH | |
| | | |
| Full Name: * | Clea First Name Last Name | r |
| Signature Date: * | 01 - 26 - 2015 III | |