



## 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

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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.

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Next

## Complainant (Individual filing the complaint)

\*\*\*Please know that the ICF will not investigate anonymous complaints.\*\*\*

Full Name: \*

First Name

Last Name

Title: \*

Address: \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Daytime Phone: \*

E-mail address: \*

ex: myname@example.com

Preferred method of contact: \*

Please select your time zone:



Select a timezone using the map above, or the dropdown below

Time zone - None -



or

Auto Detect

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Next

# 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   
Postal / Zip Code Country

**Daytime Phone:** \*

**E-mail Address:** \*

**Is the Coach an ICF Member?** \*

**Is the Coach ICF Credentialed?** \*

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Next

## Information and documentation outlining the relationship

---

What was your relationship with this coach at the time of the alleged breach? \*

Optional: Please upload verifiable proof of the above documented relationship:  
(i.e. invoice, contract, etc..)

Choose File No file chosen

If you had a coach-client relationship, was there a written agreement? \*

- ☐ Yes  
☐ No

What financial arrangements did you have with this coach? \*

What other agreements or understandings did you have? \*

---

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## Information regarding the specific allegations

---

Standards of ICF Code of Ethics (Part two, Paragraphs 1 through 25) that allegedly were breached by the coach named in this complaint: \*

What was involved in the alleged breach of the ICF Code of Ethics? \*

When did these events take place? \*

Where did the events occur? \*

Specifically, what happened? \*

---

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## Action taken to resolve the disagreement

---

What resolution alternatives have you and the coach discussed to date? \*

State below any other actions you have taken to resolve this complaint and the outcomes: \*

By submitting this complaint, what are the expected outcomes from this process? \*

---

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Next

FOR PREVIEW ONLY  
May NOT be used to apply:

# Upload supporting documents

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## 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:

No file chosen

**Document Name:**

### 2. Additional supporting documents:

No file chosen

**Document Name:**

### 3. Additional supporting documents:

No file chosen

**Document Name:**

### 4. Additional supporting documents:

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 provided): \***

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[Clear](#)

**Full Name: \***

First Name

Last Name

**Signature Date: \***

Month

Day

Year



Submit

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**What is the nature of your complaint? \***

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- ☐ Both (Ethical complaint against an individual & Code of Conduct complaint against an organization providing Coach-Specific Training);
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Title: \*

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Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Daytime Phone: \*

E-mail address: \*

ex: myname@example.com

Preferred method of contact: \*

Please select your time zone:



Select a timezone using the map above, or the dropdown below

Time zone - None -



or

Auto Detect

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# Information regarding the organization involved in the complaint

---

Name of the Organization: \*

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):

Address (if known):

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Daytime Phone:

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## Information and documentation outlining the relationship

---

What was your relationship with this organization at the time of the alleged breach? \*

Please upload verifiable proof of the above documented relationship: (invoice, certificate of completion, etc...) \*

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.
- ☐ I have never enrolled in a training program offered by this organization.

Have you completed any training hours with this organization to date? \*

- ☐ Yes
- ☐ No

Did you sign an agreement or contract to enroll in this training program? \*

- ☐ Yes
- ☐ No

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## Information regarding the specific allegations

---

ICF Program Accreditation Code of Conduct standard that allegedly were breached by the coach-specific training organization named in this complaint: \*

Who was involved in the alleged breach of the ICF Program Accreditation Code of Conduct? \*

When did these events take place? \*

Where did the events occur? \*

Specifically, what happened? \*

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## Action taken to resolve the disagreement

---

What resolution alternatives have you and the organization discussed to date? \*

State below any other actions you have taken to resolve this complaint and the outcomes: \*

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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:

No file chosen

**Document Name:**

### 2. Additional supporting documents:

No file chosen

**Document Name:**

### 3. Additional supporting documents:

No file chosen

**Document Name:**

### 4. Additional supporting documents:

No file chosen

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(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 provided): \***

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[Clear](#)

**Full Name: \***

First Name

Last Name

**Signature Date: \***

Month

Day

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## What is the nature of your complaint? \*

- ☐ Ethical complaint against an individual coach;
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  - ☐ Or, complaint concerning a coach-specific training program's curriculum.
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## Complainant (Individual filing the complaint)

\*\*\*Please know that the ICF will not investigate anonymous complaints.\*\*\*

Full Name: \*

First Name

Last Name

Title: \*

Address: \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Daytime Phone: \*

E-mail address: \*

ex: myname@example.com

Preferred method of contact: \*

Please select your time zone:



Select a timezone using the map above, or the dropdown below

Time zone

- None -



or

Auto Detect

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Next

# 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

Postal / Zip Code

Country

**Daytime Phone:**

\*

**E-mail Address:**

\*

ex: myname@example.com

**Is the Coach an ICF Member?**

\*

**Is the Coach ICF Credentialed?**

\*

# Information regarding the organization involved in the complaint

---

Name of the Organization: \*

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):

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## Information and documentation outlining the relationship

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What was your relationship with this coach at the time of the alleged breach? \*

Optional: Please upload verifiable proof of the above documented relationship: (i.e. invoice, contract, etc..)

No file chosen

What was your relationship with this organization at the time of the alleged breach? \*

Please upload verifiable proof of the above documented relationship: (invoice, certificate of completion, etc...) \*

No file chosen

If you had a coach-client relationship, was there a written agreement? \*

- ☐ Yes  
☐ No

What financial arrangements did you have with this coach? \*

What other agreements or understandings did you have? \*

**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.
- ☐ I have never enrolled in a training program offered by this organization.

**Have you completed any training hours with this organization to date? \***

- ☐ Yes
- ☐ No

**Did you sign an agreement or contract to enroll in this training program? \***

- ☐ Yes
- ☐ No

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## Information regarding the specific allegations

**Standards of ICF Code of Ethics (Part two, Paragraphs 1 through 25) that allegedly were breached by the coach named in this complaint: \***

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**What was involved in the alleged breach of the ICF Code of Ethics? \***

Who was involved in the alleged breach of the ICF Program Accreditation Code of Conduct? \*

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What resolution alternatives have you and the coach discussed to date? \*

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No file chosen

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No file chosen

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[Clear](#)

**Full Name: \***

First Name

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Submit

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E-mail address: \*

ex: myname@example.com

Preferred method of contact: \*

Please select your time zone:



Select a timezone using the map above, or the dropdown below

Time zone - None -



or

Auto Detect

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# Information regarding the organization involved in the complaint

---

Name of the Organization: \*

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? \*

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Daytime Phone:

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## Information and documentation outlining the relationship

---

What was your relationship with this organization? \*

Please upload verifiable proof of the above documented relationship: (i.e invoice, certificate of completion, etc..) \*

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.
- ☐ I have never enrolled in a training program offered by this organization.

Have you completed any training hours with this organization to date? \*

- ☐ Yes
- ☐ No

Did you sign an agreement or contract to enroll in this training program? \*

- ☐ Yes
- ☐ No

---

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## Information and documentation supporting the curriculum complaint

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In the field provided, please detail the specifics of your complaint against the curriculum this organization is offering: \*

FOR PREVIEW ONLY  
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