

Chennai Counselors' Foundation

ETHICS COMMITTEE

COMPLAINT FORM

Name :

(CCF Member ID)/Client /Others :

Phone Number :

E Mail ID:

Who is the Complaint about :

CCF ID:

Phone Number and
Email Id (Optional):

Nature of the Complaint: (For CCF Members Only)

Describe the complaint in as much detail as possible:

I hereby certify that the information I have this complaint is true, correct and complete to the best of my knowledge.

Name (Signature)

(Date)

To be mailed to snimmu66@yahoo.com (Ethics Committee co ordinator)