



**MANAGER MEMBER
COMPLAINT - FORM 1B**

File No. _____

For CACM Use Only

File No. _____

Date Received _____

Complainant _____

Respondent _____

INSTRUCTIONS

This Manager Member Complaint – Form 1B may only be filed by a CACM manager member against another CACM manager member. You must be a current CACM manager member in good standing to file a complaint. To have your complaint reviewed by the Professional Standards Committee of the California Association of Community Managers, Inc. (PSC), carefully complete all information requested in this form and attach supporting documentation and required fee. Thoroughness is extremely important.

CACM suggests that you obtain a copy of CACM’s Code of Professional Ethics and Standards of Practice (CODE), and Disciplinary and Appeals Procedures (DAP) found on <http://www.cacm.org>.

REQUIRED ITEMS (Exhibit 1 and fee)

1. STATEMENT OF FACTS, i.e., a narrative statement explaining the details and circumstances of the alleged violation(s), including specific section(s) of the CACM CODE allegedly violated, and any supporting documentation, attached to this Form 1B as Exhibit 1.
2. Submission of the required filing fee of \$1,000 made out to California Association of Community Managers, Inc. or CACM. This filing fee is non-refundable.

Name of Complainant (CACM manager member) _____

Complainant’s Company or Association _____

Address _____

Email Address of Point of Contact _____

Telephone _____

Date Submitted _____

PLEASE SEND ALL DOCUMENTATION ELECTRONICALLY, RETURN RECEIPT REQUESTED, TO:

pkurzet@cacm.org
Attn: President & CEO - confidential

If electronic transmission is not available to you, please submit documentation by way of certified or registered mail or traceable overnight delivery, marked PERSONAL AND CONFIDENTIAL to:

California Association of Community Managers, Inc.
Attn: President & CEO
23461 South Pointe Dr., Ste. 200
Laguna Hills, CA 92653

California Association of Community Managers, Inc.

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | info@cacm.org | 949.916.2226 | www.cacm.org

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THIS COMPLAINT IS FILED AGAINST:

CACM Manager Member Name _____

Company or Association _____

Address _____

Email Address _____

Telephone _____

ATTESTMENT AND AUTHORIZATION

I (name) _____, (title) _____ hereby attest that I have the authority as a current CACM manager member in good standing to submit this Complaint, and hereby acknowledge and attest that by signing this formal complaint, I shall act as the complainant, and hereby agree to cooperate with the PSC in its investigation of alleged violations and further agree to participate in the hearing process, if so requested by the PSC.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal penalties.

CACM Manager Member Name	Signature	Title	Date
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California Association of Community Managers, Inc.

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EXHIBIT 1

STATEMENT OF FACTS

Narrative statement explaining the details and circumstances of the alleged violation(s), including specific section(s) of the CACM CODE allegedly violated, and any supporting documentation.

(A SEPARATE SHEET MAY BE USED)

DRAFT

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