**HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA)**

**COMPLAINT FORM**

1. Name of person submitting complaint:

 Address:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

2. Are you a member of the Healthcare Financial Management Association (HFMA)?

 □ Yes □ No

3. Name of member of Healthcare Financial Management Association against whom this complaint is filed:

 Address:

 Employer (if known):

4. State your complaint *with specificity*. State what portion(s) of the HFMA’s Code of Ethics was violated. Attach appropriate documentation.

Do not attach confidential documents.

NOTE: THIS FORM WITH YOUR IDENTITY SHOWN WILL BE SENT TO THE HFMA MEMBER AGAINST WHOM THE COMPLAINT IS FILED TO PROVIDE AN OPPORTUNITY TO RESPOND. ATTACHMENTS MAY ALSO BE SHOWN.

Signed By: Date:

 [Type name here]