



To: Chief Executive
The Hong Kong Institute of Chartered Secretaries
3/F, Hong Kong Diamond Exchange Building
No. 8 Duddell Street, Central, Hong Kong
(Fax: 2530 9728)

PRIVATE AND CONFIDENTIAL

THE HONG KONG INSTITUTE OF CHARTERED SECRETARIES COMPLAINT FORM

IMPORTANT NOTE:

A valid complaint must be supported by evidence that is sufficient to show the possibility of improper acts or breaches of professional conduct committed by HKICS member(s). Unsubstantiated allegations CANNOT be processed.

A. Details of the HKICS member against whom you wish to lodge a complaint:

1. Name of HKICS member : _____
2. Name of Company : _____
3. Position : _____
4. Office Address : _____

5. Contact number : _____
6. Email address : _____
7. The relationship of the HKICS member to the complainant:
(please tick as appropriated)

<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Accountant	<input type="checkbox"/> Auditor
<input type="checkbox"/> Employee	<input type="checkbox"/> Other, please specify _____	
<input type="checkbox"/> Not related		

B. Complainant's Information

1. Name: (Mr/Mrs/Ms) _____
2. I am acting on behalf of:-

Company name : _____

Position : _____

3. Address : _____

4. Contact number : (office) _____ (mobile) _____

5. Email Address : _____

6. I am a member of HKICS:

- Yes Membership No: _____
- No Other professional qualification (please specify): _____

7. Do you want to keep your identity confidential?

- Yes
- No

C. Details of the Complaint

1. Nature of the complaint:

(Note: Fees or other commercial disputes are outside the jurisdiction of HKICS)

- Non compliance of Articles of Association of HKICS
- Non compliance of the ICSA Byelaws
- Non compliance of performance and misconduct under the HKICS Code of Professional Conduct
- Breach of confidentiality
- Breach of statutory rules and regulations
- Not safeguard the interests of employers/ colleagues/ clients
- Involved in illegal or unethical activities
- Misbehaviors which affect the reputation, status, interest of HKICS
- Criminal conviction involved dishonesty
- Others: _____

2. Have you also put forward this complaint about this member to other authorities?

- Yes. The Outcome is:

(Please provide the supporting documents)

- No

3. Please describe your complaint(s) :

4. Provision of relevant documents to support your complaint(s)

Date (in chronological order)	Description of event	Supporting document attached (Appendix A, B, C etc.)

5. If required, I am prepared to appear and give evidence at any meeting or hearing relevant to this complaint(s) conducted by HKICS.

Yes

No. The reason is: _____

Statement on Collection of Personal Data

- (i) Your supply of personal data to HKICS is on a voluntary basis.
- (ii) The information provided by you to HKICS will be used for the purposes relating to the performance of the Institute's regulatory function.
- (iii) The information provided by you herein may be made available to the related companies or associates, group sister associations, agents, contractors, business associates or service providers of the HKICS or other professional bodies or government bodies or regulators, as may be necessary for any of the above purposes.
- (iv) Apart from the purposes stated above, your personal information will not be transferred to any other parties, unless such parties are authorised by law and request the information.
- (v) Under the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of your personal data. Such requests may be made in writing to our Data Protection Officer at 3/F, Hong Kong Diamond Exchange Building, 8 Duddell Street, Central, Hong Kong or by email to us at privacyofficer@hkics.org.hk.

D. Authorisation and Declaration

1. I authorise HKICS to forward a copy of this complaint(s) and any other information provided by me from time to time to the member against whom this complaint is made.

Yes
 No. The reason is: _____

2. I agree that I will, to the best of my knowledge, provide information necessary for the HKICS disciplinary process in respect of this complaint(s).

Yes
 No. The reason is: _____

3. To the best of my knowledge, I declare that the information included and attached to this complaint form is true and complete.

Surname : _____

Other Name : _____

Position/ Title : _____

Company : _____

By my signature below, I have read, understood and agreed to the above.

Signature of Complainant: _____

Name of Complainant: _____

Date of Complaint: _____

FOR OFFICE USE ONLY

Handled on _____ by _____ Notification email sent on: _____
 Reply sent on: _____