



Affiliate of National Guardianship Assn.

PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA

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Sacramento, CA 95814

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ETHICS COMPLAINT FORM

Member in question: _____

PFAC Membership Status (circle one, if known):

Full Member

Associate Member

Possible infraction of PFAC Code of Ethics (use attachment, if necessary):

Has this issue/complaint been reported to court, law enforcement, social services or another entity? YES NO

If yes, please specify: date reported, contact person name & phone number, and status or result, if known:

Has this issue/complaint been discussed directly with the member?

YES NO

If yes, please summarize results:

Signature of Complainant

Printed Name of Complainant

Date: _____

Address: _____

Phone: _____ Fax _____

Mail to: Beverly Brito
PFAC Ethics Committee Chair
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