



COMPLAINTS FORM

This form is to be completed when you have a complaint against a member of the Institute or a registered student. Once completed, send by email to complaints@miamalta.org along with the supporting documentation.

Your Details (Complainant)

Name & Surname: _____

ID Number: _____

Mobile Number: _____

Email Address: _____

Address: _____

Member of the Institute: Yes No

Who are you Complaining about?

Name & Surname: _____

Mobile Number: _____

Email Address: _____

Address: _____



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Details of your Complaint

Explain your complaint in full, with a focus as to why the alleged facts constitute a breach of the Institute's Statute, Bye-Laws, Code of Ethics or other regulatory measures.



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Supporting Evidence

Provide the Institute with adequate documentary evidence to support your complaint in order for it to be able to assess the complaint. List below the documentary evidence which you will be enclosing with this form.

Declaration

I declare that the information provided is true and correct. By raising this complaint in relation to the above-mentioned person, I shall be solely responsible for the information being provided and the consequences that may derive.

Data Protection

The information being provided in this form, together with any other supporting documentation, will be processed by the Malta Institute of Accountants in accordance with The General Data Protection Regulation (EU) 2016/679, the Data Protection Act Chapter 586 of the Laws of Malta and the MIA's Privacy Policy. By signing this document, you are hereby also acknowledging and providing your consent to the fact that the MIA may share the information being disclosed in this form and any supporting documentation with the person subject of the complaint, selected individuals within the Institute, designated employees and third parties, including but not limited to competent authorities and regulatory bodies.

Signature: _____

Date: _____

For office use only

Complaint Reference No: _____

Received: _____

Closed on: _____