



## Formal Complaint Form

### Certified Health Savings Adviser (CHSA<sup>®</sup>) Designee

Access Point HSA created a Code of Ethics that established the minimum requirements and obligations for professional and ethical conduct of those individuals who hold the Certified Health Savings Adviser (CHSA<sup>®</sup>) designation.

- Act with integrity and honesty;
- Act in the best interest of the client above themselves and their firm/company;
- Avoid conflicts of interest;
- Be transparent with the client when determining and receiving compensation for services provided;
- Make every reasonable effort to guard the confidentiality of client information; and
- Continue to take reasonable efforts to remain up-to-date regarding the education, knowledge and skills required to provide the best representation and service to the client.

If you believe that a CHSA<sup>®</sup> designee has violated any of the Code's requirements and obligations shown below, please complete this form and submit to Access Point HSA.

Complainant	CHSA <sup>®</sup> Designee
First Name: _____	_____
Last Name: _____	_____
Address: _____	_____
City: _____	_____
State: _____	_____
Zip: _____	_____
Company Name: _____	_____
Phone: _____	_____
Email Address: _____	_____

*Complainant – Individual bringing forth the grievance to Access Point HSA.*

*CHSA<sup>®</sup> Designee – individual for whom the grievance is bring brought against.*

