



COMPLAINT FORM

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day-time Phone Number: _____ E-mail Address: _____

Institution Name: _____

School Address: _____

School City: _____ State: _____ Zip Code: _____

Day-time Telephone Number: _____

COMPLAINT POLICY AND PROCEDURES

ABHES handles all complaints according to the policies and procedures set forth in Chapter I.B.5 of the ABHES *Accreditation Manual*, which may be found at <http://www.abhes.org/>.

CONFIDENTIALTY PROVISIONS

If a complainant request that his/her identity remain confidential, ABHES may determine that the complaint review process cannot go forward. Additionally, ABHES may decide to reveal the identity of the complainant notwithstanding the request. For more information see Chapter I.B.5 of the *Accreditation Manual*.

By checking this box, I affirm that I have read and understand the confidentiality provisions stated above and that confidentiality is not guaranteed.

Indicate below whether you wish your identity to remain confidential.

- YES, I wish to remain confidential.
 NO, I do not wish to remain confidential.

See Instructions on Page 2 of the Complaint Form.

INSTRUCTIONS

Attach to this form:

1. a description of the alleged specific non-compliance with the accreditation requirements and related circumstances that are the reason for your unresolved complaint. Include the following information:
 - o relative dates and timelines, and
 - o names and titles of personnel involved
2. copies of documents to support your grievance
3. a statement of the solution you seek

Sign and date this form:

Signature:

Date: