



COMPLAINT FORM

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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*.

CONFIDENTIALTY PROVISIONS

If a complainant requests that his or her identity remain confidential, the complaint review process may not go forward. ABHES will in its discretion attempt to honor confidentiality requests but in no case can guarantee that the identity of a complainant will remain confidential. ABHES will reveal the identity of the complainant as necessary to resolve the case.

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.

Have you followed the campus grievance policy?

Yes If yes, please provide a copy of correspondence related to the grievance with submission of this form.

No If no, ABHES encourages you to pursue the campus' published policy before pursuing a complaint with ABHES to seek resolution for your individual case.

Have you followed another agency's grievance procedures prior to submitting this complaint to ABHES?

Yes

No

If yes, list which agencies you have worked with and result of those procedures:

SUBMISSION 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:
 - relative dates and timelines
 - 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: