

# Passy-Muir

## Continuing Education Complaint Form

Please complete all fields to help us address your concern. This form may be submitted via email, mail, or through our website.

### 1. Complainant Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Method of Contact: Email  Phone

### 2. Course Information

Course Title:

\_\_\_\_\_

Course Number or ID (if applicable): \_\_\_\_\_

Date of Course: \_\_\_\_\_ Time of Live Course: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

### 3. Nature of Complaint

Please describe your complaint in detail. Include what happened, when it happened, who was involved, and any steps you have taken to resolve the issue.

### 4. Supporting Documentation

Please list any documents or materials that support your complaint. Attach copies if submitting by email or mail.

## 5. Desired Outcome

Please describe what action or resolution you are seeking.

## 6. Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ASHA       AARC       Nursing

Member Association Number: \_\_\_\_\_