



## COMPLAINT FORM

Complete this form ONLY if you have followed the school's complaint/grievance policy, allowed them an opportunity to address your concerns directly, and a resolution has not been reached.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

School employee(s) with whom you have discussed your concern:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Date the event occurred or approximate date the problem started: \_\_\_\_\_

Individual(s) involved in the event or problem:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_





REQUIRED: Attach to this form copies of documents and any other information necessary to substantiate the complaint and confirm that you have attempted to resolve the problem through the school's complaint policy.

I certify that I have attempted to resolve this problem with the administration of my school and that the information provided above is true and accurate to the best of my knowledge.

I recognize that for the purpose of investigating this complaint, this form and all other submitted documents will be shared with the school and with parties specifically assigned to review this complaint.

Signed: \_\_\_\_\_

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

Send this completed form and any attachments to:

COMTA Executive Director  
Commission on Massage Therapy Accreditation  
5335 Wisconsin Avenue, NW, Suite 440  
Washington, D.C. 20015