



Certification Complaints Form

Your Name:	Date:
Address:	
Phone Number:	E-mail:

Alleged Violation Information

Individual's Name:
 Address:
 Phone Number:

Specify the nature of the violation:

Specify the factual basis for each alleged violation:

Outline your supporting documentation, and indicate which violation it supports:

Can you provide evidence that an attempt has been made to resolve the subject of the complaint prior to and independent of PSB involvement unless the alleged acts involve falsification or misrepresentation of credentials or other acts not resolvable without PSB involvement: Yes No

I(we) hereby grant permission to the Complaints Review Committee and the Professional Standards Board to share with the respondent(s) both my identity and all information I have provided and may subsequently provide in support of this complaint. I(we) have not initiated civil, criminal or administrative legal proceedings against the Complainant(s) and will immediately report to the Complaints Review Committee any such action of which I become aware during the course of evaluation of and decision-making on this complaint.



Signature: _____ Date: _____

Please print, attach supporting documentation, if any, and mail the form to

RESNA
1560 Wilson Blvd
Suite 850
Arlington, VA 22209
Attn: Certification

For Office Use Only:

Date Received: _____ Date complainant notified: _____

Investigation and Action Taken: _____