



# ETCP Complaint Form

## Concerning an ETCP Recognized Trainer

For office use only:
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Send Materials To: ETCP, 630 Ninth Avenue, Suite 609, New York, NY 10036.  
Phone: (212) 244-1505; Fax: (212) 244-1502; Email: etcp@esta.org

### **A. Complainant Information:**

<i>(Your information)</i>	
Name:	
Address:	
City, State/Province, Zip/PC:	
Phone:	Email:

### **B. Respondent Information:**

<i>(Name of trainer to whom your complaint refers)</i>
Name:

### **C. Training Specifics:**

Location:		
Name of Organization Hosting Training:	Date of Training:	
Type of Training Provided:		
Were there ETCP Certified Technicians attending for ETCP Renewal Credits?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT SURE <input type="checkbox"/>

### **AUTHORIZATION AND RELEASE**

By signing and submitting this completed form, I certify that all information contained in my complaint to ETCP is true and accurate to the best of my knowledge, and that I am the person whose signature appears below.

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

