



ETCP Complaint Form

Concerning ETCP Certified Technician

For office use only:

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

A. Complainant Information:

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

B. Respondent Information:

<i>(Name of person to whom your complaint refers)</i>	
Name:	Certification Type:
Address:	
City, State/Province, Zip/PC:	
Phone:	Email:

C. Location of Violation:

Name of Location:	
Contact Name:	
Address:	
City, State/Province, Zip/PC:	
Phone:	Email:

E. Witnesses with direct knowledge of the events leading to your complaint, if any:

<i>(First Witness)</i>	
Name:	
Address:	
City, State/Province, Zip/PC:	
Phone:	Email:
Relevance to incident:	

<i>(Second Witness)</i>	
Name:	
Address:	
City, State/Province, Zip/PC:	
Phone:	Email:
Relevance to incident:	

F. Attach copies of related documents or records obtained during the course of this matter (if applicable):

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. By submitting this form, I assert that there has been a violation of the ETCP Code of Ethics and Professional Conduct.

Signature: _____

Date: _____