



ETCP Complaint Form

Concerning an ETCP Recognized Trainer

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 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: _____

