

# National Registry of Food Safety Professionals Complaint Submission Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED PROGRAM PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### **Statement of the Complaint**

This statement should include, but is not limited to, the nature of the complaint, the facts, supporting items, and the remedy requested. (Use additional sheets if needed and attach):

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*FOR <ORGANIZATION> USE ONLY*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
<STAFF TITLE>

REVIEWED BY Certificate Advisory Panel (as needed) DATE: \_\_\_\_\_

DECISION: \_\_\_\_\_

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