

Passy-Muir Continuing Education Complaint Form

Please complete all fields to help us address your concern. This form may be submitted via email, mail, or through our website.

1. Complainant Information

Name: _____

Email: _____

Phone: _____

Preferred Method of Contact: Email ☐ Phone ☐

2. Course Information

Course Title:

Course Number or ID (if applicable): _____

Date of Course: _____ Time of Live Course: _____

Instructor Name: _____

3. Nature of Complaint

Please describe your complaint in detail. Include what happened, when it happened, who was involved, and any steps you have taken to resolve the issue.

4. Supporting Documentation

Please list any documents or materials that support your complaint. Attach copies if submitting by email or mail.

5. Desired Outcome

Please describe what action or resolution you are seeking.

6. Signature

Signature: _____

Date: _____

ASHA ☐ AARC ☐ Nursing ☐

Member Association Number: _____