Complaint Form

To maintain the quality of IBHRE’s certification program and to maintain fairness and impartiality, IBHRE’s Executive Director reviews all complaints, reports to IBHRE’s Board of Directors, and responds accordingly.

Part I

Submitted by (Name): ________________________________________________________________

Address: __________________________________________________________________________
__________________________________________________________________________________

Telephone: _________________________________________________________________________

Email: ____________________________________________________________________________

The complaint is about:

- The certification process including but not limited to the application and eligibility process
- Certification materials including but not limited to marketing, preparatory materials, or exam
- IBHRE management or personnel
- A grievance of misconduct
  - An IBHRE certified individual (Name: _________________________)
  - An IBHRE certification applicant (Name: _________________________)
- Other

Part II

Summarize the complaint (use additional sheets if necessary – include date(s), persons involved, observed behavior, and/or communication, etc. as appropriate).
Part III (grievances regarding the IBHRE Code of Ethics)

If applicable, explain how you believe this incident is in violation of the IBHRE Code of Ethics.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Complainant’s relationship with person whom complaint is being filed:

___ supervisor    ___ coworker     ___ patient
___ program director/academic advisor    ___ other (specify): _______________________

Other persons with knowledge of the incident(s):

Name: _____________________________________________________________________________

Address: __________________________________________________________________________

_____________________________________________________________________________________

Telephone: _________________________________________________________________________

Email: ____________________________________________________________________________

The information that I have provided is an accurate description of the event(s) that occurred.

Signature of person filing complaint: ___________________________________________________________________

Date: ______

Forward the completed Complaint Form to Tracy Lofty, IBHRE’s Executive Director, at tlofty@hrsonline.org.

7.18.2017