

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.

Parti	
Submi	tted by (Name):
Addre	ss:
Teleph	one:
Email:	
The co	mplaint is about:
0	The certification process including but not limited to the application and eligibility process
0	Certification materials including but not limited to marketing, preparatory materials, or exam
0	IBHRE management or personnel
0	A grievance of misconduct
	o An IBHRE certified individual (Name:)
	An IBHRE certification applicant (Name:)
0	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 field:
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.