

COMPLAINT FORM
The CLTC Board of Standards, Inc.

Instructions:

1. Please print or type the requested information on the form below. Fields marked with an “*” are required. Forms missing required information or your signature will not be reviewed.
2. Sign the bottom of the form.
3. Attach a separate page with a detailed summary of your complaint. Please be as detailed and specific as possible.
4. Attach copies of any additional documents supporting your complaint.
5. If you have questions, contact the Board of Standards at (314) 520-3564.
6. Please allow 15 to 60 days to receive a response from the Board of Standards.

* Your Name

*Today’s Date

*Address

*City

*State

*Zip

*Daytime Phone

*Email

*Graduate’s Name (person being reported)

* Graduate’s Company/Affiliation

Name of Insured (if applicable)

Policy Number(s)/Company (if applicable)

Authorization:

By signing below, I recognize that the CLTC Board of Standards, Inc. will review this complaint and may initiate an investigation which would include providing a copy of this complaint form and all attachments to the CLTC designee that is the subject of my complaint.

Please describe your complaint below: *

If you need to more space, please feel free to add an additional page and attach it to this form.

*Signature

Return your completed form and attachments to:

CLTC Board of Standards, Inc.
c/o Association Business Services, LLC
330 Wennecker Drive
St. Louis, MO 63124
Phone: (314) 520-3564
Fax: (314) 520-3564
Joan_hecker@sbcglobal.net