

**ACCREDITATION COMMISSION FOR HOMEOPATHIC EDUCATION IN NORTH AMERICA
ACHENA**

COMPLAINT FORM

Complete this form ONLY if you have discussed your concerns with the administration of your school and allowed them an opportunity to address your concerns directly, and a resolution has not been reached.

Name: _____ Today's Date: _____

Street/PO Box: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Name of School: _____

School employee(s) with whom you have discussed your concern:

Name: _____ Title/Position: _____

Name: _____ Title/Position: _____

Name: _____ Title/Position: _____

Date the event occurred or approximate date the problem started: _____

Individual(s) involved in the event or problem:

Name: _____ Title/Position: _____

Name: _____ Title/Position: _____

Name: _____ Title/Position: _____

Describe the event or problem: _____

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Describe what you have done to resolve the problem with the administration of your school:

Attach to this form, copies of documents and any other information necessary to understand the problem.

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I certify that I have attempted to resolve this problem with the administration of my school and that the information provided above is true and accurate to the best of my knowledge.

I recognize that for the purpose of investigating this complaint, this form and all other submitted documents will be shared with the school and with parties specifically assigned to review this complaint.

Signed: _____

Date: _____

Send this completed form and any attachments to:

ACHENA Executive Director
Accreditation Commission For Homeopathic Education in North America
101 S. Whiting St. Suite 315
Alexandria, WA 22304