

**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:

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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