NJAMHAA Conference/Training Grievance Form

Event Name _____ **Date** _____

I am registering a complaint about:

- ☐ **Overall Event:**
- ☐ **Promotional Materials:**
- ☐ **Educational Materials:**
- ☐ **Instructor(s):**
- ☐ **Course/Workshop Site:**
- ☐ **Facility:**
- ☐ **Technology Resources:**

Please describe the nature of your complaint and notify NJAMHAA within five (5) days of the closure of event, so that we can thoroughly investigate and respond accordingly. Please sign and date the form and either fax to: 609-838-5489 or mail/UPS/FedEx to: Attn: Event Coordinator, NJAMHAA, 3575 Quakerbridge Road, Suite 102, Mercerville, NJ 08619. If you have any questions regarding completion of this form, or to make inquiry about the process, please call: 609-838-5488 x218.

A complete copy of NJAMHAA's Continuing Education Grievance Policy can be downloaded from our website at: www.NJAMHAA.org/Events xxxxx.pdf

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Please print name	**Form completed on (date):**	
_____	_____	_____
Signature	**Address:**	**City, State, Zip**
	_____	_____
	Phone Number:	**Email Address:**