NATCEP COMPLAINT/GRIEVANCE FORM

This form is to be used for complaints/grievances regarding Nurse Aide Training and Competency Evaluation Program (NATCEP).

Name of NATCEP this Complaint is about: (*address/phone number, if known*)

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_____

Name, Address & Phone Number of Person Reporting Complaint: _____

_____

Does the Reporter Wish to Remain Confidential? ☐ **YES** ☐ **NO, my name may be used**

Reporter's Relationship to NATCEP (*if applicable*): _____

This Complaint is about: _____

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SIGNATURE OF INDIVIDUAL COMPLETING REPORT *DATE / TIME*

RETURN FORM TO:
Community Ties of Amercia, Inc.
45-955 Kamehameha Hwy., Suite 300, Kaneohe, HI 96744
Phone: 808-234-5380, Fax: 808-234-5470

CTA FORM