



Program Complaint Submission Form

Complainant Information

First Name: _____

Last Name: _____

Identification Number (if applicable): _____

Date: _____

Statement of the Complaint

Category for Which You are Filing a Complaint:

Application Processing Exam Scheduling Exam Conditions Recertification Processing

Other (please explain): _____

Reason for the Complaint: (describe the nature of the complaint, the facts, supporting information and the remedy requested)

I, _____ (Name) agree to hold in strict confidence the filing of this complaint. I will not announce or promote in any manner, or use personal or institutional communication vehicles, to announce filing of a complaint

Supporting Documents (list here and send to info@doulaboard.org along with this form with the word "Complaint" and the complainant's name in the subject line of the email.