

**NURSE AIDE TRAINING COMPETENCY EVALUATION PROGRAM (NATCEP)
COMPLAINT/GRIEVANCE FORM**

CTA does NOT investigate anonymous complaints so you MUST provide your name and contact number in case we need additional information.

This form is to be used for complaints/grievances regarding the Nurse Aide Training Competency Evaluation Program.

Read the following to all persons filing complaint/grievance:

CTA does not investigate anonymous complaints under current state laws regarding due process. CTA requires a name and contact information for a complaint to be taken. CTA will protect the identity of the complainants who wish to remain anonymous to the maximum extent possible by law. Complainants are not able to withdraw complaints once the information is given to CTA. Under due process of law, any complainant may be called to testify as a witness in any legal hearing or court should the resolution of the complaint result in an adverse action against the service provider.

CTA does not investigate the following: 1) *Allegations of patient abuse, neglect, mistreatment, and financial exploitation. These will be referred to APS.* 2) *Personality conflicts, ethics, or professional behavior. These will be referred to the proper license board, if applicable, and the DCCA.* 3) *Unlicensed activity. These will be referred to DHS.* 5) *Criminal activity will be referred to law enforcement.* 6) *CNA certification complaints will be referred to Prometrics.*

Name of facility: _____

Address: _____

Name of person this complaint concerns: _____

Phone number: _____ **Cell number:** _____

Names of persons involved, (if applicable):

Does the reporter wish to remain confidential? YES NO

Name: _____

Address: _____

Home number: _____ **Cell number:** _____

Complainant's email address: _____

You will receive an email to verify your complaint submission.

Date and time of complaint: _____

Location of complaint: _____

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Describe the who, what, when, where, and how event occurred:

Did you try to resolve it with the Nurse Aide Training Competency Evaluation Program first? If yes, what was the outcome?

Please attach any evidence such as supporting documentation or pictures relevant to the complaint.

Have you contacted other agencies? (DHS, DOH, APS, Ombudsmen, Law Enforcement, etc.)? If yes, what was the outcome?

PRINT NAME of person reporting the complaint

Date Reported to CTA: _____

SIGNATURE of person reporting the complaint