

COMPLAINT FORM

Accrediting Commission for Programs in Hospitality Administration (ACPHA)

Complainant Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-mail Address _____

Nature of the Complaint

INSTRUCTIONS

1. Please review this form in its entirety. For further information on ACPHA's procedures for handling complaints, please visit the Commission's website at www.acpha-cahm.org.
2. Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and the names and titles (if any) of the individuals involved. If available, please include copies of any documents or materials that support the allegations set forth in the complaint. Please note that ACPHA will only process complaints that reasonably show that a program may not be in compliance with accrediting standards or requirements.

STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO SCHOOL

I certify that the information I have provided is correct to the best of my knowledge and hereby grant the Commission permission to forward the complaint for a response.

Signature _____ Date _____

The response and the complaint will be kept on file for future reference.

SUBMIT TO:

Executive Director, Accrediting Commission for Programs in Hospitality Administration

Email to: info@acphacommission.org or send to: P.O. Box 400 Oxford, MD 21654