

RIMS-CRMP Certification Program Complaint Form

Name of Person Filing Complaint:

First Name

Last Name

Contact Information:

Email

Phone Number

Are you currently a RIMS-CRMP: (Circle One)

Yes **No**

Please Select the Option that Best Describes the Nature of Your complaint:

- RIMS-CRMP Certification Examination Complaint
- Ethics Complaint
- Administrative Complaint
- Other

For complaints about another RIMS-CRMP certified person or wrongful use the RIMS-CRMP Certification please submit this form to the Certification Department at RIMS-CRMP@rims.org

Please provide detailed information regarding your complaint:

The RIMS-CRMP Certification Department will acknowledge receipt of your complaint within 2 business days of receipt of this form.

<i>FOR RIMS-CRMP OFFICE USE ONLY</i>	
<i>Date Received:</i>	<i>Date of Decision:</i>
<i>Received by:</i>	<i>Decision of RIMS Certification Program:</i>
<i>Reviewed by:</i>	
