



## CBRF Training and Registry Services Instructor Complaint

**Enter all information below.**

<b>Class Title (check one):</b> First Aid/Choking <input type="checkbox"/> Fire Safety <input type="checkbox"/> Medication Administration <input type="checkbox"/> Standard Precautions <input type="checkbox"/>	
Instructor Name	Training Date
Training Site Name	City
<b>Anonymous complaints cannot be accepted</b>	
Your Name	Today's Date
Your e-mail	Your Phone
Best time to reach you	

**Please describe your complaint in detail. Provide specific information about the incident, the location of the incident and any other information you believe necessary. The information you provide will be used in the review of your complaint and may be shared with the instructor.**

Attach additional sheet(s) if necessary.

I verify that the above information is true, correct and complete.

Signature: \_\_\_\_\_

- Complete and print the form.
- Sign the form.
- Mail this form to:

**UW Oshkosh CBRF  
CCDET  
800 Algoma Blvd.  
Oshkosh, WI 54901-8688**