ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION

COMPLAINT AGAINST A PROGRAM SUBJECT TO ACOTE ACCREDITATION

Please	indicate the college/university against which you wish to file a complaint:
INSTIT	UTION:
CITY, S	TATE:
I verify	that:
<u> </u>	I have made reasonable efforts to resolve the complaint, or alternatively that such efforts would be unavailing.
docume followe	describe the efforts you have made to resolve the complaint. Please also attach supporting entation to demonstrate the academic program's complaint or grievance policy has beened and reasonable efforts made to resolve the complaint, or alternatively information to strate such efforts would be unavailing:
□ 2)	The complaint is related to accreditation <i>Standards</i> or accreditation policies or procedures that I believe are not being met by the program. (ACOTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion, or dismissal.)
	describe the nature of the complaint. Please also attach supporting documentation to ntiate your complaint:
	indicate the <u>accreditation Standards</u> or <u>accreditation policies or procedures</u> that you are not being met by the program:

Signature		
Full Name		
Address		
City, State, & Zip		
Telephone		
E-mail Address		
	permission to re	ne

Please sign the complaint and provide your contact information: (AOTA Accreditation staff will protect the confidentiality of the complaining party unless release of identity has been authorized, or

disclosure is required by legal action.)

Please forward your completed form and supporting documentation (with the names redacted of any individuals who are not directly related to the complaint) attached to an e-mail addressed to accred@aota.org.