

## COMPLAINT FORM

The American Board for Accreditation in Psychoanalysis (ABAP) responds to complaints regarding allegations of institutional conditions “by identifying significant cases of non-compliance with ABAP’s Standards for Accreditation.”

All institutes accredited by ABAP are required to have grievance and complaint policies and procedures in place that are well publicized and fairly administered. It is the responsibility of the complainant to first attempt to resolve the matter within the institute and to provide evidence that such effort has been made.

Please review Section IX, Complaints and Grievances Against Accredited Programs in the Handbook on Accreditation: <http://www.abapinc.org/wp-content/uploads/2015/09/Handbook-on-Accreditation-as-Revised-8-2-17-FINAL.pdf> for the complete policy and procedures for filing complaints with ABAP.

If necessary, attach additional documents to this form; and please number all additional pages. Include copies of documents that are relevant to the complaint. If you have further questions, contact Executive Director Sharyl Thompson at 763-561-1449 or [sharyl@herconsultingllc.com](mailto:sharyl@herconsultingllc.com).

### COMPLETE THE FOLLOWING:

#### **Institutional information:** *(Institute named in the complaint)*

**Institute Name:**

**Address:**

**City/Zip:**

#### **Complainant information:**

Name:

Address, City, Zip:

Telephone

Email

Face-to-face student

Distance education student

#### **Status in relation to the institution named in the complaint** (check all that apply)

Student

Faculty

Staff

Other (please specify)

Currently enrolled/employed at the institution

Graduated

Withdrawn/left

On Leave

Terminated

#### **Dates:** *(when(situation occurred through last day of resolution with the institute – m/d/y)*

From:

To:





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**All boxes below must be checked and the form signed and dated before your complaint will be processed. Please acknowledge that:**

I have read the ABAP complaint policy and agree this form constitutes my formal complaint.

I understand that ABAP does not

- consider anonymous complaints;
- adjudicate individual grievances;
- act on a complaint submitted on behalf of another individual;
- act as a court of appeal or regulatory body;
- intervene in an institute's internal procedures.

I authorize ABAP to provide my complaint and supporting documents to the institute involved, which means my identity will be made known to the institute.

I attest that the matter does not involve criminal conduct.

I hereby certify all the information I have given above is true and complete to the best of my knowledge.

Name of Complainant(s) (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Please email to:** [sharyl@herconsultingllc.com](mailto:sharyl@herconsultingllc.com)

**Or postal mail to:**

**Sharyl Thompson  
ABAP, Inc. Executive Director  
5201 81<sup>st</sup> Ave. N.  
Brooklyn Park, MN 55443**