



# ISP® Appeals and Complaint Form

Completing and submitting this form initiates the process for appeals or complaints regarding the ISP® Program.

Submit completed forms to: [kyle@mmco1.com](mailto:kyle@mmco1.com)

**Appeal**

“request by **applicant, candidate** or certified person for reconsideration of any decision made by the certification body related to her/his desired certification status”

**Complaint**

expression of dissatisfaction, other than **appeal**, by any individual or organization to a certification body, relating to the activities of that body or a certified person, where a response is expected

Complete this section:

Incident date: \_\_\_\_\_ Incident location (if applicable): \_\_\_\_\_

Details of incident (Be specific):

Date submitted \_\_\_\_\_ Name \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

ISP ® Committee Use Only:

Date Received \_\_\_\_\_ Date Acknowledged \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_



# ISP<sup>®</sup> Appeals and Complaint Form

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ISP<sup>®</sup> Committee Use Only:

Disposition date: \_\_\_\_\_ Signature: \_\_\_\_\_

Summary Report:

Submitter Notified (date): \_\_\_\_\_ Notified by: \_\_\_\_\_