

CASp CONSUMER COMPLAINT

CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM

PERSON COMPLAINT IS AGAINST (CASp)		
Last Name	First Name	CASp Number
Address		
City	State	Zip Code
Phone	Email	

PERSON MAKING THE COMPLAINT		
Last Name	First Name	
Address		
City	State	Zip Code
Phone	Email	

Subject Facility Address _____

(Please check one) I am a Business/Facility Owner CASp Other _____If you are the party that contracted with the CASp, do you have a signed written agreement for services?
 Yes No (If yes, attach a copy)

If you are the party that contracted with the CASp and you do not have a signed written agreement for services, please provide a detailed description of services the CASp was to provide for this facility:

CASp CONSUMER COMPLAINT

Provide a brief description of your complaint against the CASp:

Have you discussed your complaint with the CASp? Yes No

Describe the events which led to your complaint. Specify pertinent dates and details. You may attach additional sheets as necessary and any documentation that will help support your complaint.

Is there a specific action that you want the CASp to take to resolve your complaint?

Please read and sign the following statement:

I hereby certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all of the above statements are true and correct.

SIGNATURE _____ DATE _____