

CASp CONSUMER COMPLAINT**CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM**

PERSON COMPLAINT IS AGAINST (CASp)		
Last Name	First Name	CASp Number
Phone Number or Email Address		

PERSON MAKING THE COMPLAINT	
Last Name	First Name
Phone Number or Email Address	

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:

Provide a brief description of your complaint against the CASp:

CASp CONSUMER COMPLAINT

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?

SIGNATURE _____ DATE _____