

AMERICAN ASSOCIATION OF BARIATRIC COUNSELORS

PARTICIPANT COMPLAINT FORM

| COMPLAINANT INFORMATION |            |
|-------------------------|------------|
| NAME:                   | SIGNATURE: |
| EMAIL:                  | PHONE:     |
| ADDRESS:                |            |
|                         |            |

| COMPLAINT INFORMATION  |                     |
|--|---------------------|
| COMPLAINT DATE:  | COMPLAINT TAKEN BY: |
| COMPLAINT DETAILS(include expected resolution):                    |                     |
|  |                     |
| Attach any documents to validate complaint.                        |                     |
| RESULTS OF INVESTIGATION:  |                     |
|  |                     |
| CORRECTIVE ACTION:   |                     |
|  |                     |
| STEPS TO AVOID A REPEAT OF THIS PROBLEM:                           |                     |
|  |                     |
| Date complainant contacted with the results of this investigation: |                     |
| Initial of person(s) investigating complaint:                      |                     |
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Name of AABC personnel completing this form

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Signature