

Appendix F: Complaint Form

RIMS-CRMP and RIMS-CRMP-FED Complaints

Name of Person Filing an Appeal: _____
First Name Last Name

Contact Information: _____
Email Phone

Do you have the RIMS-CRMP or RIMS-CRMP-FED credential? (Circle One) Yes No

Please select the option that best describes the nature of your complaint:

- Examination Complaint
- Ethics Complaint
- Administrative Complaint
- Other

For complaints about another RIMS-CRMP or RIMS-CRMP-FED holder or wrongful use of the credential please submit this form to the Certification Department at RIMS-CRMP@RIMS.org.

Please provide detailed information regarding your complaint:

The RIMS-CRMP Certification Department will acknowledge receipt of your complaint within 2 business days of receipt of this form.

FOR RIMS-CRMP OFFICE USE ONLY	
Date Received:	Date of Decision:
Received by:	Decision of RIMS Certification Program:
Reviewed by:	