

Candidate Grievance Form



Candidate, please complete the information listed below. Once completed, please forward to the Primary Administrator:

Date: _____

Candidate Name: _____

NCCER Card Number: _____

Candidate Signature: _____

Candidate, please describe your grievance in detail below:

Primary Administrator, please complete the information below and forward to NCCER :

AAC Name: _____

Proctor/PE Name: _____

Assessment Key #: _____

Primary Administrator Signature and Date: _____

Email to: support@nccer.org
or **Mail to:** NCCER, 13614 Progress Boulevard, Alachua, FL 32615

Internal Use Only

Reviewed By:	Date: