

<b>Controlled Document</b> Page 1 of 1	<b>Approved by:</b>	<b>Effective Date:</b>
	<b>Approved on:</b>	<b>Supersedes:</b>



Please submit by Email to:  
[certification@aonnonline.org](mailto:certification@aonnonline.org)

Or by Postal mail to: Complaints | AONN+ | 1249 South River Road, Ste 202 | Cranbury NJ 08512

**AONN+ Certification Candidate Complaint**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Candidate ID: \_\_\_\_\_

Examination: \_\_\_\_\_ Item # (optional): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Statement of the Complaint**

This statement should include, but is not limited to, the nature of the complaint, the facts, supporting items, and the remedy requested. (Use additional sheets if needed and attach):

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***FOR AONN+ USE ONLY***

REVIEWED BY: _____ Certification Director	DATE: _____
REVIEWED BY: _____	DATE: _____
REVIEWED BY: _____ Certification Commission (as needed)	DATE: _____
ACTION: _____	
_____	
_____	
_____	