**Compressed Air & Gas Institute -- Personnel Certification Program**

Complaint Submission Form

Date of Complaint:

Complainant Name:

Address:

City, State, Province:

Country, Postal Code:

E-mail Address:

Telephone Number:

Fax Number (if applicable):

Certification Number (if applicable):

Complaint Topic / Target: [ ]  CAGI Staff, Process, Proctor

 [ ]  Certificant

 Name of Certificant:

 Certificant Number (if applicable)

 [ ]  Other

Reason for Complaint:

Is supporting Documentation Attached (if applicable)? [ ]  Yes [ ]  No

Submit this form to the CAGI Office:

* Via e-mail: cagi@cagi.org
* Via mail: CAGI, 1300 Sumner Avenue, Cleveland, Ohio 44115

For questions regarding this form or the complaint handling process, contact CAGI staff at cagi@cagi.org or 216-241-7333.