**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](mailto: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](mailto:cagi@cagi.org) or 216-241-7333.