

**Association of Psychology Postdoctoral and Internship Centers  
Standards and Review Complaint Form**

Revised April, 2002

**I. Complainant: (Person(s) Making Complaint):**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Date completing this form: \_\_\_\_\_

Date you first became aware of this violation: \_\_\_\_\_

Your Graduate / Professional School (if you are affiliated with an academic program), or  
your internship / post-doctoral program affiliation (if applicable):

Institution Name: \_\_\_\_\_

Program: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Name of Director of Training: \_\_\_\_\_

**II. Complainee:**

Name of individual(s) and/or agency against whom this complaint is directed:

\_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Training Director: \_\_\_\_\_  
(if applicable)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**III. Please answer the following questions regarding your complaint. Use the back of this form and/or additional sheets as necessary.**

1. Please set forth the facts as to the circumstances of the alleged violation, including where and how it occurred:

2. Please review the APPIC Match Policies that were in force at the time of this complaint and circle the number(s) corresponding to the policy or policies that you feel were violated:

1 1a 1b 1c 2 3 3a 3b 3c 3d 3e 3f 4 4a 4b 4c

5 5a 5b 6 6a 6b 6c 6d 6e 6f 7 7a 7b 7c N/A

3. In addition to reviewing the specific APPIC Match Policies, if your complaint alleges violations of other APPIC policies, please describe below how the action(s) complained of violated such other policies.

4. What, if any, attempts have you or others made to resolve this issue with the persons mentioned in the complaint? Please explain.

