

Certification Program Complaint Form

Name of Person Filing Complaint:

First Name

Last Name

Contact Information:

Email

Phone

Are you a safety certified transportation project professional? (Circle One) **Yes** **No**

Please select the option that best describes the nature of your complaint:

- Complaint about the certification examination
- Complaint about the certification program (excluding examination)
- Complaint about customer service
- Other

For complaints about another certified person or wrongful use of the SCTPP Certification, please submit this to the certification department at certificationteam@artba.org.

Please provide detailed information regarding your complaint:

The certification department will acknowledge receipt of your complaint within five business days.