**COMPLAINT ABOUT COMPETENCY ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Coach’s last name |  | Other names |  |
| Contact phone |  | Email |  |
| Date of Accreditation Course |  |
| Accreditation Level attempted |  |
| Location of Accreditation Course |  |
| Name of Course deliverer  |  |
| Date of Assessment |  |
| Name of Assessor (if known) |  |
| In what area(s) were you assessed as “not yet competent”? |
|  |
| Why do you believe this was an invalid assessment? |
|  |
| In what way was the assessment process flawed? |
|  |
| What evidence can you provide to support your case? |
|  |
| Coach’s signature |  |
| (Office use only) |  |
| Signature of state body representative |  |
| Date received |  |