**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 | | | |  | | |