CSA Certification Program
Complaint Form

Name of Person Filing Complaint: _____

First Name Last Name

Contact Information: _____

Email Phone Number

Are you a CSA: (Circle One) **Yes** **No**

Please Select the Option that Best Describes the Nature of Your complaint:

- ☐ 1. Complaint about the CSA Certification Examination
- ☐ 2. Complaint about the CSA Certification Program (excluding the exam)
- ☐ 3. Complaints about Custom Service
- ☐ 4. Other

For complaints about another CSA or wrongful use the CSA Certification please go to www.csa.us so this may be directed to the CSA Ethics and Disciplinary Council.

Please provide detailed information regarding your complaint: _____

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The CSA Certification Department will acknowledge receipt of your complaint within 2 business days.