

Grievance Form

Personal Transformation Institute

For professional ethical complaints please also contact the appropriate state licensing board. Please print clearly with ink or type all responses.

The person against whom you are filing this complaint is associated with the Personal Transformation Institute as a trainer/assistant/consultant:

____ Yes ____ No

If the answer to the above is “no” and the person is not associated with the Personal Transformation Institute we cannot process a complaint.

Name (Full) of person making complaint:

Address: _____

Phone: _____

Did you attend a Personal Transformation Institute Training? ____ YES ____ No

If yes, which training /date did you attend? Please include training city and date.

Full name of the Trainer/Assistant/Consultant this complaint is against:

Address: _____

Phone: _____

Please note: you must file a separate form for each individual you wish to file a grievance against.

When did the alleged misconduct occur for which you are filing this complaint?
Please include the date.

Did you directly discuss this complaint with the Trainer/Assistant/Consultant you are filing this grievance against? _____ Yes _____ No

Have you filed a complaint with any other organization regarding this misconduct? _____ Yes _____ No

If yes, please indicate all organizations you have contacted and the date.

If this was an ethical issue, have you filed a formal complaint with the state licensing board? _____ Yes _____ No

Please answer the following and feel free to add additional information. If you have any evidence of misconduct, please forward copies of that to us.

Summarize in a few sentences the nature of the misconduct regarding this grievance:

On a separate sheet of paper please address the following questions:

1. Summary of event with a timeline in chronological order, including any events leading up to the misconduct.
2. A complete, detailed account of the misconduct.
3. Any relevant information after the misconduct occurred.
4. Any steps you have taken to address the situation for which the grievance is related.

For billing issues please include all relevant documents.

