AMERICAN RED CROSS **Grievance Form** Competency Evaluation Program Statewide Nurse Assistant Testing	**Email Address**	mark.prill@redcross.org
	Mailing Address	American Red Cross CEP Department - Mark Prill, Manager 2227 S. Atlantic Blvd. Commerce, CA 90040

Your grievance **must** be received by email or mail no later than 30 days from your exam date. Once received, it will be forwarded to the Grievance Committee. You will be notified, in writing, of the Committee's decision within 15 days.

Your Name:	Date Grievance Submitted:
Your Address:	Home Phone ( )
Your Email:	Cell Phone ( )

Date Exam Taken:	Test Site (Exam Location):

Which exam did you take on the above date? Please **circle** the exam taken and your results.	Skills	PASS	FAIL
	Written	PASS	FAIL

PRINT NEATLY: Please state your grievance below. If necessary, continue on the back of this form.

(Rev. 07/18)