

Instructions: Provide an answer for each section. Complete this form if you believe you were falsely denied eligibility to sit for an exam, if you failed an exam within fifty (50) points and would like your exam rescored, or if you believe your credentialing status has been falsely terminated. Your complaint must be received by the CICC within 30 days of the date you were denied eligibility, you received your exam results, or your certification was terminated. If you do not agree with the outcome of the complaint, you may be eligible to file an appeal. Submit your signed complaint form and supporting documentation via email to CICC@carpenters.org, or via ground mail to:

Carpenters International Certification Council, 212 Carpenters Union Way, Las Vegas, NV 89119-4218

Certification Program Name [Redacted]	Test type <input type="checkbox"/> Written <input type="checkbox"/> Practical	Test date (MM/DD/YYYY) [Redacted] / [Redacted] / [Redacted]
Name (first, last) [Redacted]		
UBC ID (8 digits) U [Redacted]	Primary phone number [Redacted] - [Redacted] - [Redacted]	Can a message be left at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary email address (if available) [Redacted]		
Return address, city, state, zip code [Redacted]		
Supporting documentation (choose one) <input type="checkbox"/> Additional documents are attached <input type="checkbox"/> No additional documents are attached		
Detailed statement of complaint. [Redacted]		

*If additional space is required, please attach a separate sheet of paper 8 ½" x 11" in size.

Submission of this form with your signature verifies that all your statements are true and accurate.

Signature: [Redacted]

Date signed: [Redacted] / [Redacted] / [Redacted]

Office Use Only		
Date received [Redacted]	Received by [Redacted]	Case number [Redacted]