



ALLERGEN AWARENESS TRAINING COMPLAINTS AND/OR APPEAL REQUEST FORM

Please fill in the form below to request your examination results be reviewed. Be sure to fill out each field completely. The Complaints and/or Appeals Request Form must be completed, printed, and mailed no later than 14 calendar days after the date of the examination to:

TAP Series, LLC
Attention: Complaints and/or Appeals
31225 La Bay Drive Suite 110
Westlake Village, CA 91362

All complaints and/or appeals must be sent U.S. Postal Service Certified Mail Registered Receipt. Upon receipt of this form, you will be notified of the receipt via U.S. Mail. The appeal will be addressed by TAP Series within 30 calendar days of receipt.

Today's Date _____

Date Training and/or Examination Completed _____

Name _____

Address _____ Username _____

Email _____

Phone Number _____

I agree the information provided is accurate to the best of my knowledge.

Stakeholder's Signature _____

Reason for the Complaint and/or Appeal:
