

**AMERICAN RED CROSS  
Nurse Aide Testing**

**CANDIDATE GRIEVANCE FORM**

Please complete this form completely and mail to: American Red Cross, PO Box 5875, Harrisburg, PA, 17110

**This grievance form must be completed by the candidate and received by the American Red Cross within 30 days following your exam. Please attach Candidate Score Report to expedite grievance response. Your complaint will be reviewed and you will be notified in writing of the findings.**

Today's date: \_\_\_\_\_

**Name & address of individual completing form:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name & address of test site:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Daytime phone: ( ) \_\_\_\_\_

Date tested: \_\_\_\_\_

**Please state your grievance; you may use the other side of this paper if necessary.**