FORM APPROVED OMB NO. 0920-1424 EXP DATE: 12/31/2026



**Facility Information** 

## **Appeals and Complaints Form**

A person and/or a facility reserves the right to initiate an appeal and/or a complaint based on products and/or services provided by the U.S. NAC. An appeal and/or complaint can be initiated if a person and/or facility is dissatisfied with the U.S. NAC's decisions, services, or representatives.

Indicate whether an Appeal or Complaint:									
<u>Facility</u> <u>Name:</u>					<u>Facility</u> <u>Street</u> <u>Address:</u>				
Job Title:					<u>Today's</u> <u>Date:</u>				
*Submitter's name is o	ptional a	nd can be adde	ed along side ti	he job title					
Appeal or Com	plaint	Informa	<u>tion</u>				T		
Date Occurred	ate Occurred:			Time Occurred:					
Appeal or Com	plaint	Type:							
Please Describe the Appeal(s) and/or Complaint(s) in Detail:									

**Public reporting burden:** CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Review Office; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1424).



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Please provide any documentation that can support your claim. All information will be reviewed, and an investigation will be conducted. For appeals the facility must provide documentation to support the claim of appealing the decision.

Please list documentation	t supports the Appeal or	Complaint:	
		-	
Submission			
All complaints and appeals a	o he renorted to the NAC C	Juality Team at nacoms	anche gov using this
Appeals and Complaints form	-		
decision, meeting, call, etc.,).	<u> </u>	io appear or compression	(4444)
, <b>.</b>			
NAC Quality Team		For U.S. NAC	use ONLY
Signature/ Date		Appeal and/or Complaint Number	