

## ILB PT Participant Complaint / Appeal Form

We value your feedback. If you have a complaint about our services or wish to appeal your performance report score, we encourage you to let us know by completing and submitting this form.

### 1. How to Submit a Complaint or Appeal a Scored Performance Report:

1. Complete **FRM-000322-ILB ILB PT Participant Complaint / Appeal Form** and email your complaint /appeal along with necessary documentation to [mdmartin@cdc.gov](mailto:mdmartin@cdc.gov).
2. If appealing a performance report score, ensure the appeal is submitted within 15 days of the date performance reports are finalized. Complaints can be submitted at any time.
3. If lodging an appeal include with this form:
  1. A digital copy of the report you wish to appeal
  2. A screenshot of the result submission window from ePT of the entered results

### 2. What to Expect

1. All complaints/ appeals are acknowledged within 3 working days
2. Investigations are conducted confidentially and impartially
3. A formal response will be provided within 15 working days
4. If further action is needed, we will keep you informed throughout the process

We are committed to providing the highest quality program possible and appreciate your time and effort needed to share your concerns. Your feedback helps us improve our services.

I am filing a formal \_\_\_\_\_ regarding the \_\_\_\_\_

### 1. Participant Information

- Full Name: \_\_\_\_\_ Current Date: \_\_\_\_\_
- Position / Title (if applicable): \_\_\_\_\_
- Testing Site Name: \_\_\_\_\_
- Testing Site PT-ID Number: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### 3. Details of Issue

- PT Round Name: \_\_\_\_\_
- Date of Incident(s): \_\_\_\_\_
- Individuals Involved (Names & Titles): \_\_\_\_\_

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### 3. Description of the

Provide a detailed account of the situation or conduct leading to this issue.  
(Attach additional pages if needed.)

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### 4. Steps Taken Prior to Filing This

Describe any attempts to resolve the issue.

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### 5. Impact of the Issue

Describe how the issue has affected you, your testing site, or others.

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### 6. Requested Resolution

Describe the action or outcome you are seeking.

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### 7. Supporting Documentation Attached for an Appeal

☐ Performance Report for PT round being appealed

- ☐ Screenshot of the ePT result submission window of entered results for the PT round being appealed
- ☐ Other: \_\_\_\_\_

### 8. Certification

I certify that the information provided in this complaint /appeal is accurate and truthful to the best of my knowledge.

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

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#### For ILB Use Only

OM Number:

Date Received:

Date Entered into ILB OM database:

Investigation completed by:

Investigation Outcome Summary and Rational:

Date resolved and OM closed:

Date outcome emailed to complainant /appellant:

Approved by Team Lead: