

Complaint Form: Complaint Against an Accredited Program Internship Program

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street N.E.
Washington, DC 20002-4242
www.apa.org/ed/accreditation
Phone: 202.336.5979

1. Complainant Name:

Address:

Phone:

Email:

2. Program Name:

Program Address:

3. Relationship of Complainant to Program:

4. Please indicate the date when the alleged lack of compliance about which you are complaining first came to your attention. (See *Accreditation Operating Procedures (AOP)* Section 3.1.2 – <http://www.apa.org/ed/accreditation>)

5. Describe the efforts you have made to pursue all grievance procedures provided within the institution in which the program is located:

6. Describe the current status of legal action, if any, related to the complaint:

7. Specific accreditation standards involved:

Check the box in the appropriate section below the specific standards to which this complaint is directly related (see link: <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>) and explain why you believe the program does not comply with the standard.

Documentation in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, evaluations of student performance, other relevant materials. In addition, please number each page of the supporting evidence and indicate which page(s) contain evidence specifically relevant to your assertion of non-compliance with each identified standard.

i. Standard I: Institutional and Program Context

☐ I.A.

☐ I.B.

☐ I.C.

☐ I.D.

ii. Standard II: Aims, Competencies, Curriculum, and Outcomes

☐ II.A.

☐ II.B.

☐ II.C.

☐ II.D.

iii. Standard III: Students

☐ III.A.

☐ III.B.

☐ III.C.

iv. Standard IV: Faculty

☐ IV.A.

☐ IV.B.

v. Standard V: Communication Practices

☐ V.A.

☐ V.B.

8. Permission to Submit Complaint

I hereby grant permission to send the complaint, in its entirety, to the program. This permission includes a waiver of any right to subpoena documents or information concerning the case from the Commission or its agents for the purposes of private civil litigation. (The complaint cannot be processed unless your permission is granted).

Date:

Signature of Complainant:

Name (Printed):

9. CONTENT for RELEASE of PERSONAL INFORMATION

Often in order to process a complaint, information from the complainant's educational record is needed. To facilitate the review of your complaint, you are asked to authorize the release of relevant information.

I authorize the program in responding to this complaint to release information about me, including but not limited to educational records relevant to this complaint, to the American Psychological Association (APA) Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002. I understand that the information and records will be released only to the Office of Program Consultation and Accreditation (OPCA) and the Commission on Accreditation (CoA) for the purposes of consideration of this complaint.

I hereby give my consent for the release of information and education records regarding me and I declare that this consent has been given voluntarily.

Date:

Signature:

Name (Printed):

10. Submission of Complaint Options:

The complaint (including evidence) may be submitted electronically or in hard copy.

If submitted electronically:

- Convert the complaint and all evidence to one .pdf file and provide bookmarks for each separate document
- Attach the file to an email and send to apaaccred@apa.org

If submitted in hard copy:

- In order to facilitate copying please do not bind any of the complaint material.
- Send complaint to Office of Program Consultation and Accreditation, APA, 750 First Street, NE, Washington, DC 20002