



Formal Complaint Form

Purpose

This form is intended for individuals, groups, and organizations (Complainants) to submit a CCMP™ (Certified Change Management Professional™) Formal Complaint related to, but not limited to: the content of the CCMP™, an Association of Change Management Professionals (ACMP) non-member holding the CCMP™ credential, an applicant to the CCMP™ certification process, misuse of the CCMP™ credential or an ACMP vendor affiliated with the CCMP™. **The ACMP CCMP™ Formal Complaint may not be filed against companies or organizations but only individuals who fit one of the descriptive categories above.**

The Complainant and Respondent(s) shall treat this form and all information contained in it as confidential. **While this is a confidential process, the Respondent may be provided with a copy of this complaint. Further, ACMP staff and agents, EC members, and witnesses may be made aware of the existence of a proceeding as part of this process.**

Definitions

The following individuals may be referred to in these procedures collectively as 'Participants':

Respondent: The subject of an ethics complaint or investigation.

Complainant: The person initiating an ethics complaint.

Witness: A person who provides written or oral testimony in connection with an ethics complaint.

Chair: The Chair of the Certification Governance Committee (CGC) and a CGC member who has guided the development of the Global CCMP™ Credential.

Certification Governance Committee (CGC): The committee that has guided the development of the global CCMP™ credential.

Certification Manager: The person responsible managing all elements related to the CCMP™ credential including, but not limited to, establishing programs and policies, setting standards, developing materials, and providing leadership to achieve designated goals.

Completion Instructions:

To begin the CCMP™ complaint process, the Complainant must complete this form and send it, and any accompanying documents, either via email to help@acmpglobal.org or via mail to:

Association of Change Management Professionals (ACMP)

1809 E Broadway St., Suite 173

Oviedo FL 32765



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1. Upon receipt of the complaint, the Certification Manager will confirm receipt with the Complainant. A complaint will not be considered complete until the ACMP has received all required documentation, including (1) the completed CCMP™ Formal Complaint Form, (2) all applicable supplemental information required on the CCMP™ Formal Complaint Form and, (3) all documentation and other information requested in writing by the CGC. Incomplete complaint forms will not be reviewed by the CGC. In addition, anonymous complaints and trivial complaints are not permitted and will not be reviewed by the CGC.
2. Complainants must review the Candidate Handbook and the ACMP Code of Ethics and Professional Conduct before and during the preparation of a CCMP™ Formal Complaint Form in order to avoid submitting a complaint about an established CCMP™ procedure or allowable action. These documents can be found on the ACMP website.
3. Complainants shall be responsible for all costs associated with the filing of the CCMP™ Formal Complaint Form and all personal costs related to their personal involvement in the CCMP™ Complaint Process.



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Required Information

Complete the form. If the complaint involves more than one Complainant or Respondent, attach additional pages containing contact information and details.

A. Complainant Information

Name (Your Name) _____

Address: _____

Phone Number (Day time hours) _____ (Evening hours) _____

E-mail address: _____

B. Respondent Information (individual to whom the complaint is directed):

Name _____

Address: _____

Phone Number (Day time hours) _____ (Evening hours) _____

E-mail address: _____

C. The Respondent is (check all that apply):

An ACMP member	
A CCMP™ certification holder	
A CCMP™ certification Applicant	
A non-ACMP member and non-CCMP™ credential holder	
An ACMP volunteer	
An ACMP vendor	
A QEP provider (individual; not the organization)	
Don't know/not sure	

ACMP will only consider complaints against individuals who are in *at least* one of the first seven categories.



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Required Information

1. Provide a written statement below of the key facts of the situation surrounding the alleged complaint, referencing the applicable section of the Candidate Handbook or Code of Ethics and Professional Conduct that you believe has been violated, and explaining how such sections were violated.

This summary must include the most important facts which you, the Complainant, believe support the issuance of a formal CCMP™ complaint by the CGC. Each fact should be clearly organized and identified and related to a specific provision within the Candidate Handbook. True Code of Ethics and Professional Conduct will be referred to the Ethics Committee for review and consideration.



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2. To the best of your knowledge, are there any other complaints, regulatory complaints or court actions that have been filed by you or anyone else relating to the same or similar allegations contained within this complaint form that should be brought forward and acknowledged? If so, please identify any and all complaints and other actions in your statement. This includes any concluded actions, their outcomes and relevant supporting documentation.

The Complainant should also list any matters filed with state licensure or regulatory boards, courts, or other judicial forums, professional organizations, and employers that relate to the issues raised in this complaint. The ACMP CGC shall not consider a Complaint when civil, criminal, or other regulatory proceedings are in process.

3. List all persons that you, the Complainant, believe have knowledge or background information on the matters you have asserted in this complaint and a brief description of what each person's knowledge is regarding the alleged complaint or violation.

Provide each individual's full name, address, telephone number, and other contact information (e.g., email address). The CGC is permitted to contact any individual listed here or other individuals as part of the complaint review process.



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4. List all documents included with the Formal Complaint Form. If there are numerous attachments, use an indexing format by numbering documents as Attachment 1, Attachment 2, Attachment 3, etc.

All documents must be listed by type (e.g., letter, email, memo, certificate, etc.), and must include a date and the name of the individual or organization that prepared it. All documents listed in this section must be submitted to the address provided in the instructions above, along with this Formal Complaint Form. In certain circumstances (such as, the volume is so significant as to make hard-copy delivery prohibitive), the ACMP Staff Liaison or the CGC Chair may permit a complainant to send attachments to this form in electronic form only.

5. List all steps undertaken by you to resolve this issue with the Respondent prior to the submission of this complaint form.



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6. Sign the Affirmation Statement:

By submitting this Complaint Form, I declare a complaint about the CCMP™ process. I have read the ACMP Candidate Handbook Complaint and Appeals Policy and the Code of Ethics and Professional Conduct and I agree to abide by the conditions and terms of these rules. I understand that I am required, and the ACMP will make reasonable effort, to keep the information that has been submitted concerning this complaint proceeding confidential. I also understand that the Respondent (if there is one) may receive a complete copy of this document, as well as other information that has been submitted with regard to the complaint. I acknowledge and agree that the ACMP may contact potential witnesses. I allow the CGC to provide a copy of this Complaint Form to ACMP Headquarters staff in the event that it alleges false or improper use of an ACMP CCMP™ certification designation. Further, I understand that some or all of the information submitted regarding the complaint proceedings may be disclosed to ACMP members and others following a final determination by the CGC as necessary (only if necessary).

I further certify that the factual allegations made in this Complaint Form are true and accurate to the best of my knowledge and that these complaint charges are made in good faith.

Signature: _____

Printed Name: _____

Date: _____