PROVIDER COMPLAINT FORM

TO: California Tax Education Council
P.O. Box 2890
Sacramento, CA 95812

FROM:

Name: _____

Street: _____

City, State, ZIP_____

Phone: _____

E-Mail: _____

Check One: ❑ CRTP - Enter Number: A_____ ❑ CTEC Provider - Enter Provider Number: _____

❑ Other (Describe relationship with CTEC):_____

The purpose of this form is to submit complaints regarding CTEC approved education providers. Please complete the appropriate information related to your complaint.

Name of Provider: _____ Provider Number (if known): _____

Name of Course/Seminar: _____ Course/Seminar CTEC Number (if known): _____

Subject of Complaint (check all that apply):

- ❑ Course/Seminar material was not current
- ❑ Course/Seminar material contained technical errors
- ❑ Course/Seminar had little, if any educational value
- ❑ Course CPE award was excessive
- ❑ CPE was not reported to CTEC
- ❑ Course/Seminar was not as advertised
- ❑ Provider did not honor the stated refund policy
- ❑ Provider did not provide an evaluation form
- ❑ Self-study course did not include review questions
- ❑ Self-study course final included true/false, yes/no, A/B questions and/or multiple choice questions with fewer than four answer options.

Provide Details - use area below or attach details on separate sheet(s) :

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____ Date: _____

CTEC Use Only

Date Received: _____ Staff Review By: _____
Referred to Curriculum Provider Committee Chair - Date Sent: _____ Required Action:

- ❑ Refer to Review Staff for Audit
- ❑ Refer to Admin Staff for Letter
- ❑ Other: _____