



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING

## NBSTSA Complaint Form

Date: \_\_\_\_\_  
Name of Complainant: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

### **Details of Complaint**

Person(s) Involved: \_\_\_\_\_  
Date(s) of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_

Description of Complaint (Please provide a detailed description of the issue, including what happened, when it happened, and any relevant context.)

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Impact of the Issue (Explain how this issue has affected you, your work, or the team.)

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Steps Taken So Far (Have you addressed this issue with the person involved or reported it previously?)

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_