

INTERNATIONAL ACADEMY OF NDT

INITIATING A FORMAL COMPLAINT AGAINST THE CERTIFICATION BODY

Name of Complainant:	Date of complain	::
Complainant's telephone number:	Complainant's en	nail address:
Complainant's address:		
If you are making a complaint on behalf of an Employer please complete the shaded boxes:	Complainant's Co	mpany/Employer:
Nature of Company/Employer business:	Complainant's po	sition in Company:
If you are making a complaint against an individual within the certification body, please complete the box below:		
Name of individual the complaint is about:		
Summary of complaint:		
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Signature of Complainant:	Date:	

All complaints or appeals must be made in writing. Please send or email to admin@iandtcb.org