

FEEDBACK FORM

The CMVA/ ACVM is continually seeking feedback from all individuals who we do business with. This includes applicants, candidates, training providers, proctors, members and others.

As part of our continual improvement process we want your feedback, especially if you have a complaint about our processes or procedures. Please provide us with your feedback by completing this form through our website at www.cmva.com . When this form is completed online it is submitted to the Executive Director who will review your feedback and determine what actions should be taken.

If this feedback is a complaint, we will investigate and evaluate your complaint in a constructive, impartial and timely manner. We will process your complaint and provide you with a written response as quickly as possible.

Date: _____ Is this a Complaint? Yes No

Name of Individual: _____

Phone: _____ Email: _____

Nature of your business with CMVA/ ACVM: _____

Description of the Feedback: _____

CMVA/ ACVM Use Only:

Signature of Reviewer: _____ Date Reviewed: _____

Action: _____
