



ALPP Concerns & Complaint Submission Form: Advanced Lactation Consultant (ALC)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of ALC Examination \_\_\_\_\_

Location of ALC Examination \_\_\_\_\_

Please describe your concern or complaint. Include all relevant details. You may attach additional pages if necessary.

Submitted by: \_\_\_\_\_  
 Signature

Please print your name: \_\_\_\_\_

***FOR ALPP USE ONLY***

ALPP staff member responding: _____	
Resolution: _____ _____	
DATE	Authorized ALPP Representative

**Send completed application to:**  
 Academy of Lactation Policy and Practice  
 Department of Certification - ALC  
 PO Box 2170  
 South Dennis, MA 02660  
 OR fax to: (508)-833-6070