



ALPP Concerns & Complaint Submission Form: Advanced Lactation Consultant

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
 Dept. Certification/Recertification ALC
 PO Box 1288
 Forestdale, MA 02644
 OR fax to: (508)-833-6070