ALPP
THE ACADEMY OF
Lactation Policy
and Practice

ALPP Concerns & Complaint Submission Form
Certified Lactation Counselor (CLC)

Name

Home Address

City State Zip

Daytime Phone

Email Address

Date of Incident ____________________ Location __________________________

Complaint is being file on behalf of:

☐ Self

☐ Other

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

_______________ ___________________________

Date Authorized ALPP Representative

Send to:
Academy of Lactation Policy and Practice - Complaints & Appeals
PO Box 2170, South Dennis, MA 02660
OR fax to: (508)-833-6070

Updated 3/4/2021