



# AAMA Certifying Board

## Grievance Investigation Form

---

The Certifying Board (CB) of the American Association of Medical Assistants (AAMA) requires a medical assistant awarded the CMA (AAMA)<sup>®</sup> credential to uphold the *AAMA Code of Conduct for CMAs (AAMA) and Examination Candidates* and abide by the *AAMA Disciplinary Standards and Procedures for the CMA (AAMA)*. In the event that a CMA (AAMA) or previous recipient of the CMA (AAMA) credential violates any of these values and standards, an individual or organization may report the violation(s) using this form.

Correspondence regarding a complaint must be factually accurate and must not relate to personal issues or matters outside the scope of the *AAMA Code of Conduct for CMAs (AAMA) and Examination Candidates* or the *AAMA Disciplinary Standards and Procedures for the CMA (AAMA)*.

Review the *AAMA Certifying Board Grievance Investigation Procedure* document posted on the AAMA website, [www.aama-ntl.org](http://www.aama-ntl.org), before filing a grievance. Provide all applicable information. You may exceed the pages of this form.

All materials received in connection with this report are the property of the AAMA Certification Department and will remain confidential. The name of the individual filing a grievance will remain confidential unless the CB or AAMA staff is required by law to release confidential information.

### INFORMATION ABOUT MEDICAL ASSISTANT REPORTED FOR GRIEVANCE

\_\_\_\_\_  
Name of person being reported for grievance

\_\_\_\_\_  
CMA (AAMA) Certification Number

\_\_\_\_\_  
Work or home address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

### GRIEVANCE INFORMATION

Nature of grievance:

- |  |   |
|--|---|
| <input type="checkbox"/> A pattern of negligent conduct                            | <input type="checkbox"/> Prescription fraud                   |
| <input type="checkbox"/> Inappropriate use or display of the CMA (AAMA) credential | <input type="checkbox"/> Practicing while ability is impaired |
| <input type="checkbox"/> Unprofessional conduct                                    | <input type="checkbox"/> Other(list) _____                    |

Date(s) of incident \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Is there an immediate threat to public safety? \_\_\_\_\_

Identify any direct injury, loss, or damage resulting from the incident(s): \_\_\_\_\_

Describe the relevant facts and details surrounding the grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the name/address/phone number of witnesses or persons able to corroborate the grievance: \_\_\_\_\_

\_\_\_\_\_

**COMPLAINANT INFORMATION**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Work or home address

\_\_\_\_\_  
Telephone E-mail

\_\_\_\_\_  
Credential (if applicable) Certification/Licensure Number (if applicable)

Please describe your relationship to the person about whom you are filing this grievance: \_\_\_\_\_

\_\_\_\_\_

Have you attempted to discuss and/or resolve the grievance with the individual most directly involved? If so, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the above, and it is true to the best of my knowledge:

\_\_\_\_\_  
Signature Date

Please return completed form to:

**AAMA Certification**  
Attn: Katie Gottwaldt  
20 N. Wacker Drive, Suite 1575  
Chicago, IL 60606  
kgottwaldt@aama-ntl.org

