



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 1288 Forestdale, MA 02644  
 OR fax to: (508)-833-6070