



AASM Accreditation Complaint Form

Please complete this form in its entirety. Forms received without complainant contact information will not be acted upon.

The AASM does not have investigative authority over licensed physicians, sleep centers, or their employees. The AASM does have the ability to review all complaints and can request information from either a member or the director of an AASM accredited facility related to the complaint. Members and facility directors are only required to provide information as it relates to AASM policy or the *Standards for Accreditation*. Issues unrelated to policy or standards of accreditation cannot be reviewed. In the event such complaints are received, the complainant will be directed to the appropriate oversight organization.

Section I: Complainant Information

First: _____ Last: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Home Cell Work

Email: _____

I am a(n) _____ of the sleep facility:

Employee Patient Competitor Other: _____

Section II: Sleep Facility Information

Facility Name: _____

Medical Director: _____

Contact Person (if different): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Is this facility accredited by the AASM? Yes No

