

## **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:		
Email:					
I am a(n)	of the slee	p facility:			
□ Employee	□ Patient	□ Competitor	□ Other:		
	leep Facility I				
Facility Name:					
Medical Director	r:				
Contact Person (	if different):				
Phone Number:_					
		ASM? □ Yes □			

## **Section III: Complaint**

Brief Description of Complaint (If possible, please list which AASM accreditation standards you believe have been violated. Standards may be reviewed at http://www.aasmnet.org/AccredStandards.aspx):					

Please explain how you have previously attempted to resolve this complaint:			
understand that upon submitting this complaint to the I also understand that although the AASM will make circumstances require that information be shared v	we and complete to the best of my knowledge. Further, It is AASM, I am agreeing to be contacted regarding the matter. It is a good faith effort to keep my complaint anonymous, some with the sleep facility. I understand that in such instances are or other identifying information. AASM policy prohibits against employees who report standards violations.		
Signature:	Date:		

Please fax or mail this form to:

The American Academy of Sleep Medicine, Attention: Accreditation Department 2510 North Frontage Road Darien, IL 60561. Fax: 630-737-9790