## The NRWA Grievance Form

*Please fill in all the required information below with as much detail as possible. Required fields are marked with red asterisks. We will be in touch promptly to update you on the status of your complaint and/or request any additional information that may help us resolve your grievance.*

|  |  |
| --- | --- |
| **Your Name \***  |  |
| **Your Email Address \***  |  |
| **Your Phone Number**  |  |
| **Your Address**  |   |
| **The NRWA Member's Name \***  |  |
| **Their Company Name**  |  |
| **Their Company Website**  |  |
| **What is your concern? What have you done to attempt to resolve your concern? What would you like to occur as a result of your filing of this Grievance Form? \***  |
| **\* I, the undersigned complainant, understand that The NRWA does not assume any legal liability or obligation with respect to this grievance form or the information contained therein. (Please sign and return to** EthicsChair@TheNRWA.com**)** |



**The National Résumé Writers’ Association**

443.966.3851 | www.thenrwa.com