

CRMTA COMPLAINT FORM

COMPLAINANT INFO:

Complainant Name: _____ Date: _____

Member in Question: _____ CRMTA #: _____

Phone: _____ Email: _____

Location: _____

COMPLAINT TYPE:

CRMTA Number Misuse/Fraud – By Client, Co Worker, Employer or Insurance Company.

New CRMTA Number issued _____ as of _____.

Workplace Conduct / Abuse **OR** Employer / Co-worker Complaint.

Declined Membership Complaint

Complaint in relation to causing injury (Claim initiated? Yes or No)

Other Complaint: _____

Brief Description: (include copies of statements, any evidence collected or given related to complaint)

CRMTA Representative Signature

Date Complaint Received