



International Nanny Association

Complaint Filing Form

Date(s) problem occurred:	Date(s) you complained:	To whom:
Amount of money involved (if any):	If advertising involved, where/when	
Member phone number	Your phone number (day)	Your phone number (evening)
Member name, address, city, state, zip code <input type="checkbox"/> Parent <input type="checkbox"/> Nanny <input type="checkbox"/> Agency <input type="checkbox"/> Educator <input type="checkbox"/> Other <input type="checkbox"/> I WISH MY IDENTITY TO REMAIN CONFIDENTIAL		Your name, address, city, state, zip code

What is your complaint? (Include photocopies of contracts, receipts, cancelled checks or other relevant documents):

What settlement would you consider fair? How would you like this resolved?

DO NOT WRITE BELOW

TO INA MEMBER: As a convenience you may use this form to notify INA of your position or action taken with regard to this complaint.

Action has been taken: _____ Action will be taken Other (explain below)
Date

Explanation: _____

FOR INA USE: Rec'd:

Sent to Member:

Rec'd Member's Response: