Al-Hussein Bin Talal University

Cardiopulmonary Resuscitation Center

Complaint / Dispute / Appeal Form

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Form Type: ☐ Complaint ☐ Course Dispute ☐ Assessment Appeal ☐ eCard Issue ☐ Instructor Conduct ☐ Other

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1. Purpose of the Form

This form is used to document, review, investigate, and resolve any complaint, dispute, or appeal related to courses conducted by **Al-Hussein Bin Talal University Cardiopulmonary Resuscitation Center**, including but not limited to course delivery, assessment results, instructor conduct, participant conduct, attendance, remediation, certification, eCard issuance, or training environment concern

All submitted complaints or disputes shall be handled confidentially, fairly, and in accordance with AHA requirements, TC policies, and Al-Hussein Bin Talal University regulations.

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2. Complainant / Applicant Information

Field	Details
Full Name	
National ID / University ID	
Role	☐ Participant ☐ Instructor ☐ Lead Instructor ☐ TC Staff ☐ Other: _____
Mobile Number	
Email Address	
Department / Institution	
Date of Submission	

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3. Course Information

Field	Details
Course Type	☐ BLS Provider ☐ Heartsaver ☐ Instructor Course ☐ Other: _____
Course Date	
Course Location	
Course Roster Number / Atlas Reference	

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Lead Instructor Name	
Other Instructor(s), if applicable	
Number of Participants	
eCard Issued?	☐ Yes ☐ No ☐ Pending ☐ Not Applicable

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4. Nature of Complaint / Dispute

Please select the category that best describes the issue:

Category	Tick
Course registration or scheduling issue	☐
Attendance or late-arrival decision	☐
Course content or delivery concern	☐
Instructor conduct or professionalism	☐
Participant conduct	☐
Skills testing result	☐
Written exam result	☐
Remediation decision	☐
Incomplete / unsuccessful course status	☐
eCard delay or eCard error	☐
Equipment or training environment issue	☐
Safety, hygiene, or decontamination concern	☐





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Other	☐

If other, please specify:

_____

_____

5. Description of Complaint / Dispute

Please describe the issue clearly, including dates, names, locations, and any relevant details.

Description:

_____

_____

_____

_____

_____

What outcome or action are you requesting?

_____

_____

_____

_____

6. Supporting Evidence

Please attach any available supporting documents.

Supporting Document	Attached
Course agenda	☐ Yes ☐ No ☐ Not applicable





Sign-in sheet	☐ Yes ☐ No ☐ Not applicable
Course roster	☐ Yes ☐ No ☐ Not applicable
Skills testing checklist	☐ Yes ☐ No ☐ Not applicable
Written exam record	☐ Yes ☐ No ☐ Not applicable
Course evaluation form	☐ Yes ☐ No ☐ Not applicable
Email / message correspondence	☐ Yes ☐ No ☐ Not applicable
eCard record	☐ Yes ☐ No ☐ Not applicable
Photos / screenshots	☐ Yes ☐ No ☐ Not applicable
Witness statement	☐ Yes ☐ No ☐ Not applicable
Other documents	☐ Yes ☐ No ☐ Not applicable

List attached documents:

_____

_____

_____

7. Immediate Action Taken, if any

To be completed by the Lead Instructor or TC staff member receiving the complaint.

Field	Details
Was immediate action taken?	☐ Yes ☐ No
If yes, describe the action	
Name of person taking immediate action	





Position	
Date and time	

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8. TC Review and Investigation

To be completed by the Training Center Coordinator or assigned reviewer.

Field	Details
Date complaint/dispute received	
Received by	
Assigned reviewer	
Review start date	
Review completion date	
Was the complainant contacted?	☐ Yes ☐ No
Was the instructor contacted?	☐ Yes ☐ No ☐ Not applicable
Were course documents reviewed?	☐ Yes ☐ No
Were witnesses interviewed?	☐ Yes ☐ No ☐ Not applicable

Documents Reviewed

Document	Reviewed
Course file	☐
Course roster	☐
Sign-in sheet	☐





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Skills testing checklist	☐
Written exam record	☐
Remediation record	☐
Course evaluation	☐
eCard log	☐
Instructor file / monitoring record	☐
Equipment cleaning checklist	☐
Email correspondence	☐
Other	☐

9. Findings

After review of the submitted complaint/dispute and available evidence, the TC findings are as follows:

Was the complaint/dispute substantiated?

☐ Substantiated

☐ Partially substantiated

☐ Not substantiated

☐ Unable to determine due to insufficient evidence

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10. Decision / Outcome

Possible Outcome	Tick
No further action required	☐
Clarification provided to participant/instructor	☐
Administrative correction completed	☐
eCard correction required	☐
Participant allowed remediation/retesting according to AHA rules	☐
Participant remains incomplete/unsuccessful	☐
Instructor feedback provided	☐
Instructor monitoring required	☐
Corrective action plan required	☐
Equipment issue corrected	☐
Referred to university administration	☐
Referred to AHA Regional Office / HQS, if required	☐
Other	☐

Decision details:

11. Corrective Action Plan, if Required

Issue Identified	Corrective Action	Responsible Person	Target Date	Completion Date	Evidence Attached
					☐
					☐
					☐

12. Communication of Decision

Field	Details
Decision communicated to complainant?	☐ Yes ☐ No
Method of communication	☐ Email ☐ Phone ☐ In person ☐ Official letter
Date of communication	
Communicated by	
Copy filed in course file?	☐ Yes ☐ No
Copy filed in dispute log?	☐ Yes ☐ No

13. Appeal Section

To be completed only if the complainant requests further review.

Field	Details





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Appeal submitted?	☐ Yes ☐ No
Date of appeal	
Reason for appeal	
Appeal reviewed by	
Final decision date	

Final appeal decision:

☐ Original decision upheld
☐ Original decision modified
☐ Further corrective action required
☐ Referred to higher administrative level

14. Closure

Field	Details
Complaint/dispute closed?	☐ Yes ☐ No
Closure date	
Closed by	
Signature	
Follow-up required?	☐ Yes ☐ No





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Follow-up date, if applicable

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15. Signatures

Complainant / Applicant

I confirm that the information provided in this form is accurate to the best of my knowledge.

Name: _____
Signature: _____
Date: ____ / ____ / _____

Lead Instructor / Staff Member Receiving the Complaint

Name: _____
Position: _____
Signature: _____
Date: ____ / ____ / _____

Training Center Coordinator

Name: _____
Signature: _____
Date: ____ / ____ / _____

University Representative, if applicable

Name: _____
Position: _____
Signature: _____
Date: ____ / ____ / _____





16. For TC Administrative Use Only

Field	*Details*
Dispute Reference Number	AHU-CPR-DR-____ / _____
Course File Updated	☐ Yes ☐ No
Dispute Log Updated	☐ Yes ☐ No
Corrective Action Log Updated	☐ Yes ☐ No ☐ Not applicable
Instructor File Updated	☐ Yes ☐ No ☐ Not applicable
eCard Log Updated	☐ Yes ☐ No ☐ Not applicable
Final Status	☐ Open ☐ Closed ☐ Pending follow-up

Retention Statement

This form and all supporting documents shall be retained in the relevant course file and/or TC administrative dispute file for a minimum of **three years**, or longer if required by AHA/PAM, university policy, legal requirements, or ongoing investigation.



