



BROOKBUSH INSTITUTE

HUMAN MOVEMENT SCIENCE

Appeals & Complaints Submission Form

Purpose & Instructions

This form is used to submit an appeal (request for reconsideration) or a complaint related to the CPT Certification Program.

- Appeals must be submitted within 10 business days of the decision being contested
- Complaints should be submitted as soon as possible after the issue occurs
- All submissions must include sufficient detail and supporting documentation to allow for a thorough review
- Incomplete submissions may delay processing

Submit this form and all supporting documentation via email to:

support@brookbushinstitute.com

Section 1: Candidate Information

Full Name (Last, First): _____

Email Address Used for Registration: _____

Phone Number: _____

Section 2: Exam Information (if applicable)

Exam Date: _____

Exam Delivery Method:

- Online (Remote Proctoring)
- In Person (Test Center)

Exam Appointment ID (if available): _____

Section 3: Type of Request

Please select the type of submission:

- Appeal (Request for Reconsideration)**
 - Complaint**
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Section 4: Category of Issue

Select all that apply:

- Eligibility decision
 - Examination result (pass/fail)
 - Examination administration issue (interruption, technical issue, proctoring concern)
 - Accommodation decision
 - Recertification decision
 - Canceled, invalidated, or withheld exam score
 - Exam security or misconduct determination
 - Certification program policy or procedure concern
 - Staff, contractor, or vendor concern
 - Other (please describe): _____
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Section 5: Description of Issue

Please provide a clear and detailed description of the issue, including:

- What occurred
 - Date(s) of the incident or decision
 - Any relevant interactions (e.g., proctor, staff, vendor)
 - How this issue affected you
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Section 6: Basis for Appeal (Appeals Only)

If submitting an appeal, indicate the basis for your request (check all that apply):

- Procedural error or deviation from established policy
- Technical or administrative issue that affected performance
- New information not previously available
- Evidence of bias, conflict of interest, or unfair treatment
- Other (describe): _____

Section 7: Requested Resolution

Please describe the outcome you are seeking (e.g., retest opportunity, review of decision, clarification, corrective action):

Section 8: Supporting Documentation

Please list and attach any supporting documentation (required for appeals when applicable):

Examples may include:

- Exam appointment confirmations
- Screenshots or error messages
- Medical documentation (if applicable)
- Communication records

Attached Documentation:

Section 9: Candidate Attestation

By signing below, I attest that:

- The information provided is **true, complete, and accurate**
- I understand that additional information may be requested
- I understand that submission of this form does not guarantee a specific outcome
- I acknowledge that appeals are reviewed in accordance with the B2C Fitness, LLC (d.b.a. Brookbush Institute) Certification policies

I agree to the above statements

Signature: _____

Date: _____