



HAND THERAPY CERTIFICATION COMMISSION, INC.
1337 Howe Avenue, Suite 230
Sacramento, CA 95825
P: 800/860-7097 F: 916/922-0210
www.HTCC.org

HTCC COMPLAINT FORM AND AFFIDAVIT

Persons concerned with possible violation of HTCC standards should identify the person(s) alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation. To preserve the integrity of HTCC's certification, we urge you to act conscientiously in your response by providing complete and accurate documentation. This statement should identify by name, address and telephone number the person making the information known to the HTCC and should identify others who may have knowledge of the facts and circumstances concerning the alleged conduct. Supplementation relating to the content or form of the information may be requested. Failure to provide the information requested or providing false information may result in denial of certification or eligibility for HTCC certification, in accordance with HTCC's Certification Standards and Disciplinary Policy.

I, _____, swear under penalty of perjury that following information and the attached documents, listed below, are true and correct to the best of my knowledge.

The following are additional documents, referenced by title and date, that I hereby incorporate into this Affidavit:

Signed: _____ Date: _____