



BOARD OF REGISTERED  
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## COMPLAINANT CONTACT FORM

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The BRPT requires all complainants to provide their contact information so that we can easily contact you for further information and/or to provide you with the outcome of your complaint. Please note that we do not share your contact information with the defendant.

*Please print or type legibly.*

**Name:**

**Mailing Address:**

**Home Phone:**

**Mobile Phone:**

**Email Address:**

**BRPT Credential/s (if any):**

**Certificate #/s:**