Student Identification/Verification

YOUR NAME	
ADDRESS	
CITY/STATE/ZIP	PHONE NUMBER
DATE TRAINING BEGAN	LAST DATE OF ATTENDANCE
NAME OF SCHOOL	
Verification	
I hereby swear under penalty of perjur	y that the information contained in this
complaint, including all statements, fa evidence presented, is true and correct to	cts sheets and other documents and the best of my knowledge
,	The section my knowledge.
SIGNATURE OF COMPLAINANT	DATE CLOUES
SIGNATURE OF COMPLAINANT	DATE SIGNED

Allegation Sheet – use one sheet per allegation.
DESCRIBE ALLEGATION IN DETAIL
DESCRIBE IN DETAIL PROOF OF THIS ALLEGATION AND ATTACH SUPPORTING DOCUMENTATION TO INCLUDE NAMES AND PHONE NUMBERS OF WITNESSES WHO WILL TESTIFY UNDER OATH:
DESCRIBE HOW THIS ALLEGATION AFFECTED THE TRAINING AGREED TO IN THE ENROLLMENT CONTRACT
DESCRIBE HOW THIS ALLEGATION AT LECTED THE TRAINING AGREED TO IN THE ENROLLMENT CONTRACT
DESCRIBE WHAT YOU CONSIDER TO BE A FAIR AND EQUITABLE RESOLUTION OF THIS ALLEGATION:

The Student Identification form & the Allegation Sheet should be submitted via fax or mail.

FAX: 702 933 0567 Mail: 3650 East Flamingo LV NV 89121

Student complaint forms will be processed by the Key Companies within 2 business days of submission. A written response will be mailed to the student. A phone call will be made if necessary. Email addresses or other methods of contact supplied at the time of enrollment may be used to contact the student if necessary.