

MEMBER COMPLAINT FORM



PNA CHAPTER: _____

DATE: _____

NAME:	BUSINESS NAME:
COMPANY ADDRESS:	MOBILE:
CITY: STATE: ZIP:	PHONE:
EMAIL:	

Please complete this form in its entirety and either print & deliver to your chapter President, or email to profnetassoc@gmail.com

Mail to: Professional Networking Association

Professional Networking Association
10150 NE 144th Pl, Kirkland, WA 98034

Who is this complaint registered against? _____ **Chapter:** _____

What is your complaint? _____

When did this occur? _____

Where did this happen? _____

Where there any witnesses? _____

I, _____, formerly state that the above Membership Complaint is 100% truthful and that there is no further intent to pursue the complaint beyond the above statement. If there are any outstanding questions or information needed by Professional Networking Association Founders, I agree to meeting with PNA Founders to discuss any details on this complaint.

SIGNATURE

DATE

Disclosure: The text of your complaint will be considered public record and be available to any member of the public upon request. Generally, we do not disclose your name, address, phone number or any other information that identifies you and will not disclose this form.