

PEARSON VUE
Nurse Aide Testing

CANDIDATE GRIEVANCE FORM

Please note that all grievances must be submitted within 30 days of your exam date

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Please complete this form and Email to:

OR

Mail to:

nagrievance@pearson.com

Pearson VUE
C/O Nurse Aide Department, Grievances
3 Bala Plaza West, Suite 300
Bala Cynwyd, PA 19004

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Today's Date:		Address:	
Name:		City:	
Email Address:		State:	
Phone:		Zipcode:	

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Grievance Details:

Score Report Serial Number:

(Score Report Serial Number is located in the upper left corner of your official score report.)

Exam Date:

Exam Location:

Exam Evaluator:

Where did you attend your Nurse Aide Training Program?

Please select your area(s) of concern. Please select ALL that apply:

- Exam Scheduling
- Evaluator
- Testing site
- Skills Exam
- Written Exam
- Other

Please enter your grievance description here: