

## **Candidate Nurse Aide Testing Grievance Form**

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

Please complete this form and Email to: [nagrievance@pearson.com](mailto:nagrievance@pearson.com)

Duplicate grievance form submissions are not accepted. This form will not be replied to for test scheduling, written exam re-score requests, or authorization extensions. Please contact Pearson VUE Customer Service for these inquiries. (see your Candidate Handbook for contact information)

### **Section 1 - Please select your concern below and follow the instructions**

Skills Evaluation (complete Section 2 and 3 below)

ADA Accommodation: concerning ADA proctors, or fulfillment of your accommodation during the testing day (complete Section 1a and 3 below)

Turned Away From Testing by the Evaluator (complete Section 1a and 3 below)

**Section 1a - Please be specific regarding your grievance with the ADA Accommodation experience or being turned away from testing by the Evaluator.**

### **Section 2 - Select Unsatisfactory Skills Document up to 5 skills and grievances below.**

\*9 - digit Answer Sheet Serial Number (located at the upper left of your official score report).

\*Skill grieved

\*Skill steps grieved (Provide the numbers)

\*Provide specific detail on why you are grieving the scoring of this Skill/Step(s)

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**Section 3 - Exam  
Information Exam Date**

Evaluator's First Name

Name of the Training Program you attended

Name of the Facility where you took your test