

# **Exam Feedback Form**

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# EC-Council Exam Feedback Form

Use this form to describe in detail the specific feedback of an EC-Council Certification exam item. Include your contact information, registration ID, the number and name of the exam, the date you took the exam, and the location of the testing center. Please provide as much detail as possible about the item to expedite review. Your feedback will not be accepted for evaluation unless this form is complete.

Within three calendar days of taking the exam, submit this form by e-mail to [certmanager@eccouncil.org](mailto:certmanager@eccouncil.org) with "Exam Item Evaluation" in the subject line. You must submit a separate form for each exam item you are challenging.

Your submittal will be acknowledged by e-mail. At that time, you will receive either the result of the evaluation or, if more time is needed for evaluation, an estimate of when you can expect a decision.

Full Name : .....

Email Address : .....

Exam Portal : .....  
(VUE/ECC Exam Center)

Exam Voucher No : .....

Exam Name : .....

Exam Date : .....  
(MM/DD/YYYY)  
(When did you take the exam?)

Test Center Name & : .....  
Location  
(Where did you take the exam?) .....

Country : .....

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## Item Description

(Describe the exam item in detail. Explain why you believe the item is not valid.)

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Signature

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Date