



QUALITY ASSURANCE COMPLAINT FORM

(Version 18.1.1)

**Note: Fill this form and e-mail it with all the documentations to qa@iantd.com
Please be aware that IANTD does not accept anonymous complaints!**

CLAIMANT CONTACT INFORMATION:

Name: _____ Phone#: _____ e-mail: _____

ACCUSED INFORMATION:

Name: _____ IANTD# _____

Dear IANTD,
I, _____, would like to formally make a complaint
against the professional above based on the reasons below and documentation attached:

Complaint Reason: _____ Complaint Date: _____

Reasons why I am making a complaint: _____

_____. If more space is need, create a PDF file and attach it.

List of documentation attached that supports my complaint: _____

_____. If more space is need, create a PDF file and attach it.

Respectfully,

Claimant Signature: _____ Date _____

CONCLUSION:

Upon receipt by the TD, if the complaint is valid, it will be submitted for an in-depth review between the Training Director, Board of Director and Quality Assurance Director. At this time the QA Director will:

Accepted: _____ or Rejected: _____ the complaint on _____.

If accepted, the Quality Assurance Case Number assigned is: _____

QA Director Name: _____ Signature: _____ Date _____