



# QUALITY ASSURANCE COMPLAINT FORM

(Version 25.0.1)

*Note: Fill out this form and e-mail it with all the documentation to [qa@iantd.com](mailto: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 needed, create a PDF file and attach it.

**List of documentation attached that supports my complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. If more space is needed, create a PDF file and attach it.

Respectfully,

Claimant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONCLUSION:**

Upon receipt by the QA Director, if the complaint is valid, it will be submitted for an in-depth review by the 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 \_\_\_\_\_