



Complaint Form

Date submitted: _____

Person Registering the Complaint:

First Name:	Last Name:
Address:	
Credential/s:	
Area Code & Phone Numbers:	
Email Address:	

Person Being Reported:

First Name:	Last Name:
Address:	
Credential/s:	
Area Code & Phone Number:	
Email Address:	

DETAILS OF THE COMPLAINT

Provide details of your concern/s, including the following:

Date of Incident:	Time of Incident:
Location of Incident:	
Witnesses, if applicable:	

Summarize complaint below and attach relevant documentation to support claim:

Summarize complaint, cont.:

I certify that the information in this complaint is true to the best of my knowledge:

Signature:

Date:

Please scan and forward the completed form
with supporting documents to: info@qababoard.com

Questions: 877-220-1839

FOR OFFICE USE ONLY

Received by Board	Date:	Action:
Received by PRC	Date:	Action:
Received by DRC	Date:	Action:
Board Review	Date:	Action:
Appeals	Date:	Action: