



Nature of Complaint

Please provide a brief description of your complaint:

Respondent Information (Individual/Organization Against Which Complaint is Made)

Name:

Address:

Phone:

Email:

Allegations of Complaint

Provide details of your allegation (names, dates, and other specific information) relevant to your complaint.

Supporting Documentation

Attach supporting documentation to validate allegations referenced in the previous section of this complaint. Indicate the type(s) of supporting documentation provided. **Please redact all sensitive information.**

Complaint Form must be mailed to:

AHIA Certification Program – Complaints, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181



General Information regarding the Complaint

1. Have you contacted the respondent (individual/organization against which the complaint is made) in an effort to resolve the complaint? Yes No

If yes, list the steps taken in an attempt to resolve the complaint.

2. Are there other individuals that can provide supportive testimony to your complaint? Yes No

If yes, provide contact information.

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:



Certified Healthcare Internal Audit Professional™

Complaint Form

Certification of Complaint

For Anonymous Complaints- DO NOT COMPLETE THIS SECTION

I, the complainant, certify that the information provided above is true and accurate to the best of my knowledge.

I understand that if the AHIA Governance Committee determines a violation may have occurred, a copy of this complaint form will be sent to the respondent indicated above.

Signature

Date

Complainant Information (Individual making the complaint)

Name:

Address:

Phone:

Email:

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