



Pennsylvania Quality Assurance System (PQAS) Complaint Form

Instructions: This form is to be completed by Pennsylvania Key upon report of complaint .

Instructor/ Organization Information	Name:	Birthdate:	PQAS #:	
	Address:	City:	State:	Zip:
	Phone:	E-mail:		
Complaint Description	When:			
	Where:			
	What:			
Evidence for Complaint	visual evidence ___ corroboration with participant ___ other _____			
	witnessed by: Professional Development Organization ___ PA Key ___ PA Other ___			
Person Completing Form	Name: _____		Agency: _____	
	Signature: _____		Date: _____	

Pennsylvania Key In Office Use Only				
Complaint	Complaint ___ 1 ___ 2 ___ 3 ___			
Reason for Infraction * Immediate PQAS removal (Mark all that apply)	falsifying records* ___ criminal activity* ___ forging documents* ___ sharing PQAS number ___ instructing on non-approved topic code ___ violating of NAEYC Code of Ethics ___ behaviors that question the instructors' moral soundness ___ not adhering to terms of contract with PDO/PA Key ___ not following PA PD Registry protocol ___ other _____			
Corrective Action Plan	Approved _____ Not Approved _____ Why?			
Intranet Documentation	Documented by: _____ Date: _____			
Date of Notification	Instructor: _____ PDO: _____ PA Key: _____			