(use reverse side for additional names of lifters)

I.P.A. OFFICIAL COMPLAINT FORM

190 Arsenal Rd., York, PA 17404
phone:(717) 495-0024
chailfit@yahoo.com
www.ipapowercom

Date: _____

Name of Complaint: _____ I.P.A. #: _____

Address: _____

City: _____ State:_____ Zip: _____

Where complaint occurred: _____

Explanation of Complaint: _____

_____

_____

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(Use reverse side if additional room is needed)

This complaint must be filed with the I.P.A. or one of its officials with in (15) days of the date listed at the top of this form.

Do Not Write in this Box

Date Received:

Official Handling Complaint: _____

Nature of Complaint_____

Actions Taken: _____

for I.P.A. Official Business Only