



Australian Kinesiology Association Inc.

Complaint Form

Person Making Complaint:

Membership No and Category (if applicable):

Address:

Postcode Phone / Mobile.....

Email Address:.....

Details of Complaint: (Complete wherever applicable. If not applicable write 'N/A')

Date: Time:

Location:

Persons Involved (Other than the person notifying):.....

Details of Complaint

(If the grievance relates to an event, please detail it step-by-step)

.....
.....
.....
.....
.....

Were there any injuries, or damage to property? (Tick) Yes..... No

(If 'Yes') Can you describe the injuries or damage?

.....
.....
.....

Were there any witnesses? Yes..... No

Names:

Other relevant information

.....
.....
.....

What, if any, particular response or action does the person making the Complaint seek or expect?

.....
.....
.....
.....
.....
.....

Complainant.....
(Signature)

Date:

Please forward this complaint by post or email to:

AKA Complaints Officer
PO Box 233 Kerrimuir Victoria 3129
E: enquiries@aka.asn.au

Office Use Only:

Date received by office:.....

Office staff member:.....

Sent to authorised Complaints Officer:

Date:.....