

**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: