



# 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)

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

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

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

Names: .....

Other relevant information

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.....  
.....

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

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Complainant.....  
(Signature)

Date:.....

Please forward this complaint by post, fax or email to:  
  
AKA Complaints Officer  
PO Box 233 Kerrimuir Victoria 3129  
Fax: 03 9898 7861  
E: enquiries@akakinesiology.org.au

Office Use Only:

Date received by office: .....

Office staff member: .....

Sent to authorised Complaints Officer:.....

Date: .....