





# Australian Institute of Kinesiologists Ltd

Industry Body Representative for Kinesiology

## Details of the consultation(s):

*If your complaint occurred over several consultations or during a longer period of time, please list each date.*

<b>1<sup>st</sup> Date</b>	
Location	
<b>2<sup>nd</sup> Date</b>	
Location	
<b>3<sup>rd</sup> Date</b>	
Location	

## Details of the Kinesiology Practitioner / Trainer / Kinesiology College which is subject to the complaint:

<b>Full Name</b>	
<b>Clinic address</b>	
<b>Contact phone number</b>	

## Have you already made a direct complaint to the Practitioner / Trainer / College mentioned above?

<b>If yes, please provide date(s)</b>	
<b>Evidence of correspondence</b> <i>List evidence and attachments</i>	
<b>No, I have not taken action</b>	

## Is this matter also the subject of legal action?

<b>Yes</b>	<b>No</b>
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## What action or results do you want to occur from the making of your complaint?


*“Strengthening Kinesiology through Innovation & Vision”*





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## Declaration

I, \_\_\_\_\_ declare that I have no conflict of interest with the person subject to the complaint through pecuniary interests, or other unresolved disputes.

I also accept that all aspects of this complaint will be held confidential until such time as the process has been completed and all avenues of appeal have been exhausted.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Please list any documents of evidence attached to this Submission Form:

Document 1	
Document 2	
Document 3	
Document 4	

*"Strengthening Kinesiology through Innovation & Vision"*

