



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.

| | |
|----------------------------|--|
| 1st Date | |
| Location | |
| 2nd Date | |
| Location | |
| 3rd Date | |
| Location | |

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

| | |
|-----------------------------|--|
| Full Name | |
| Clinic address | |
| Contact phone number | |

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

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

Is this matter also the subject of legal action?

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

What action or results do you want to occur from the making of your complaint?

| |
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“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 | |

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