





# Australian Institute of Kinesiologists Ltd

Industry Body Representative for Kinesiology

## Details of the consultation(s) and/or training(s):

If your complaint occurred over several consultations and/or training 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>	
<b>Email address</b>	
<b>Website address</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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## Is this matter also the subject of a prohibition investigation by the state's authority body? (Reference National Code of Conduct Legislation)

<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?**


## 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:**

<b>Document 1</b>	
<b>Document 2</b>	
<b>Document 3</b>	
<b>Document 4</b>	
<b>Document 5</b>	

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