

## **Complaint Form**

Please read *Consumer Guidelines for Making a Complaint* before completing this form. For further enquiries please phone 1800 456 855.

#### Details of the person making this complaint

Title: Mr / Mrs / Ms (please circle one)						
Name:						
Address:						
Suburb:	State:	Postcode:				
Telephone: ( )	Mobile:	Fax:( )				
Email:						
Are you an ATMS Member?	∕es	your ATMS number?				
This complaint is about a:	☐ Practitioner ☐ Col	llege				
Do you wish to have your add college you are complaining a		ails concealed from the practitioner or				
Are you complaining on some	one else's behalf? Yes	No 🗌				
If yes, what is your relationship	o to this person?					
Have you been authorised to a	act on behalf of this person?	Yes No No				
If not, please explain your inte	rest in this complaint:					
I declare that the information a  Consumer Guidelines for Ma	•	d accurate, and I have the				
Signature:		_ Date:				
I authorise the Australian Trad practitioner/college I am comp	•	nd a copy of this complaint to the e.				
Signaturo:		Date:				



### Details of the practitioner/college being complained about

Name:		
Clinic/College Name:		
Address:		
Suburb:	State:	Postcode:
Telephone: ( )	Mobile:	
Which section/s of the ATMS Co	ode of Conduct has been breach	ned?
Please list the date/s you saw th passed since the incident happe complaint.		college. If more than 5 years have for the delay in making this
Have you lodged this complaint	elsewhere? Yes No lf	yes, please give details
Has the complaint been settled y A complaint that has been lodge able to be accepted, until the ma	d with another complaints comr	mittee or association may not be
Have you attempted to resolve the	his complaint with the practition	er/college? Yes ☐ No ☐
What was the outcome of your a	ittempt?	
What result/s do you hope to act	nieve by lodging this complaint?	



# Details of the Complaint

this complaint. If there is insufficient space, attach additional sheets. If relevant, please supply copies of documents that pertain to the complaint. Please write as legibly as possible, or else type the complaint and attach to this form.				



Details of the complaint (continued)				
<del></del>				

#### Please send this completed form to:

ATMS Complaints Committee PO Box 1027 Meadowbank NSW 2114