



Australian Traditional-Medicine Society

Complaint Form

Please read *Consumer Guidelines For Making A Complaint* before completing this form. For further information, telephone 1800 456 855 and ask for the Complaints Committee Secretariat.

Details of the person making this complaint

Mr/Mrs/Ms:.....

Name.....

Address.....

Postcode..... Telephone (.....).....

Fax (.....).....

Email.....

This complaint is about a: Practitioner College Other

Do you wish to have your address, telephone and email details concealed from the practitioner/college you are complaining about? Yes No

Are you complaining on someone else's behalf? Yes No

If yes, what is your relationship to this person?.....

Have you been authorised to act on behalf of this person? Yes No

If not, please explain your interest in this complaint

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I declare that the information about this complaint is true and accurate, and I have read the *Consumer Guidelines For Making A Complaint*.

Signature..... Date.....

I authorise the Australian Traditional-Medicine Society to send a copy of this complaint to the practitioner/college I am complaining about for their response.

Signature.....

Date.....

Details of the practitioner/college being complained about

Name.....

Clinic/college name.....

Address.....

Postcode.....

Telephone (.....).....

Which section/s of the ATMS Code of Conduct have been breached?

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Please list the date/s you saw the practitioner or dealt with the college

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If more than 5 years have passed since the incident happened, please state the reason/s for the delay in making this complaint

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Have you lodged this complaint elsewhere? Yes No

If yes, please give details.....

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Has the complaint been settled yet? Yes No

A complaint that has been lodged elsewhere may not be able to be accepted, until the matter has been finalised.

Have you attempted to resolve this complaint with the practitioner/college?

Yes No

What was the outcome of your attempt?

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What result/s do you hope to achieve by lodging this complaint?

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