

PARTICULARS OF COMPLAINT FORM

IN THE MATTER of a complaint by

DETAILS OF THE COMPLAINANT (Complainant)	
NAME	
COMPANY	
ADDRESS	
EMAIL ADDRESS	

Concerning

DETAILS OF THE AIQS MEMBER (Respondent)	
NAME	
COMPANY	
ADDRESS	
EMAIL ADDRESS	

PARTICULARS OF COMPLAINT

Complaint

What happened?

Describe the event or action you want to complain about. We need to know what happened, where and when it happened and who was involved. Please give us all the dates and other details you know. You can attach an extra page and supporting evidence if you wish.

How has this affected you?

Have you discussed/addressed this matter with the member directly?

No

☐

Yes

☐

If yes, when?
What was the result?
Has a breach of Code of Professional Conduct occurred? The specific provisions of the code of Code of Professional Conduct alleged to have been breached by the Member of the AIQS (Respondent) and the conduct allegedly giving rise to the said breaches are as follows:
1. The Respondent breached Section / Rule.....of the Code of Professional Conduct by:
2. The Respondent breached Section / Rule.....of the Code of Professional Conduct by:

3. The Respondent breached Section / Rule.....of the Code of Professional Conduct by:

What outcome are you seeking?

By signing this Form, I acknowledge and consent to the AIQS completing the below tasks as per the Institute's standard process and agree to abide by and accept all provisions of the AIQS Complaints Policy:

- Disclose your identity (as the Complainant) to the Respondent.
- Provide a copy of your initial complaint and supporting documentation to the Respondent
- Permission to provide the Respondent with further information upon their request and at AIQS's discretion.

NAME OF COMPLAINANT	
SIGNATURE OF COMPLAINANT	
DATE	

Return Details

To: The AIQS Standards Manager

Email: standards@aiqs.com.au

Post: Suite 3
Level 4
35 Clarence Street
SYDNEY NSW 2000

Queries: (02) 8234 4000 or standards@aiqs.com.au