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**Complaint Form**

**This form is for submitting a complaint regarding the practices, policies, or actions of ‘The Australasian Association and Register of Practicing Nutritionists (AARPN)’.**

**Section 1: Complainant Information** *(not required for anonymous complaint)*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact:

( ) Phone

( ) Email

Are you affiliated with AARPN?

( ) Yes (e.g., Practitioner Member, Staff)

( ) No (e.g., Public, Patient/Client)

**Section 2: Nature of the Complaint**

*Please indicate the nature of your complaint:*

( ) AARPN Policy or Procedure

( ) Conduct of AARPN Representatives

( ) AARPN Membership or Credentialing Process

( ) Handling of a Previous Complaint

( ) Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Complaint Details**

Date of Incident or Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the Complaint:

*(Please provide a detailed description of the issue, including relevant dates, names of individuals involved, and any policies or procedures you believe were not followed. You may attach additional pages if needed.)*

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**Section 4: Supporting Evidence**

*Do you have any supporting evidence?*

( ) Yes (Please attach copies of documents, emails, or other relevant materials)

( ) No

*List of Attached Documents (if any):*

|  |  |
| --- | --- |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

**Section 5: Preliminary Actions**

*Have you raised this issue with AARPN staff or practitioner member representative, or the relevant individual(s) before submitting this complaint?*

( ) Yes

( ) No

*If Yes, what was the outcome or response?*

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**Section 6: Desired Outcome**

*What outcome or resolution would you like to see as a result of this complaint?*

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**Section 7: Confidentiality and Consent**

*Do you consent to the AARPN Board sharing this complaint with relevant personnel or committees for the purpose of resolving this issue?*

( ) Yes

( ) No

*Would you like this complaint to remain anonymous?*

( ) Yes

( ) No

**Section 8: Declaration**

*I declare that the information provided in this complaint form is true and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not required for anonymous complaint)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 9: Submission Instructions**

Email: Please send the completed form and any supporting documents to admin@aarpn.com.

Mail: Alternatively, mail the form to: AARPN Board, Complaint about AARPN, PO Box 518, Glenelg, SA 5045.

Phone: For assistance with this form, please contact us at (08) 7228 6855.