



Compliant or Grievance Form

The grounds for an appeal and the procedure to handle the appeal, are governed by the College Appeals, Complaints and Grievances policy and procedure.

WHAT ARE YOUR DETAILS?

Name:

Phone (business hrs):

Email:

APA member No.:

Is this a complaint or grievance?

What does your complaint or grievance relate to: (provide detail)

Detail the circumstances relating to your complaint or grievance:

Evidence to support your complaint/grievance:

Signature:

Date:

Before sending the form please be sure:

- the form is signed and dated
- that this application is being made no later than 15 business days from the decision being appealed
- all the asterisked boxes are completed

Send this form to: College Manager jenny.thomson@australian.physio

Privacy Statement: *The Australian College of Physiotherapists is bound by the Australian Physiotherapy Association Privacy policy. The College will not disclose any information provided by you other than necessary to carry out its consideration of the appeal as required under the policy and procedure of the College Appeals, Complaints and Grievances Standing Committee .*
<https://australian.physio/apa-privacy>