



Australian Traditional-
Medicine Society Ltd

Complaint Form

Please read *Consumer Guidelines for Making a Complaint* before completing this form. For further enquiries please phone 1800 456 855 or contact the ATMS via email at info@atms.com.au.

Details of the person making this complaint

Mr/Mrs/Ms (please circle one)

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone:() _____ Mobile: _____ Fax:() _____

Email: _____

Are you an ATMS member? Yes ☐ No ☐ If yes, what is your ATMS number: _____

This complaint is about a: ☐ Practitioner ☐ Other

Do you wish to have your address, telephone and email details concealed from the practitioner or other 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

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 member I am complaining about for their response.

Signature: _____ Date: / /

Details of the ATMS member being complained about:

Name: _____

Member Name: _____

Address: _____ Postcode: _____

Telephone: () _____ Mobile: _____

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

Please list the date/s you saw the member. If more than 5 years have passed since the incident happened, please state the reason/s for the delay in making this complaint.

Have you lodged this complaint elsewhere? Yes ☐ No ☐ If yes, please give details and date of lodgment.

Has the complaint been settled yet? Yes ☐ No ☐

A complaint that has been lodged with another complaints committee, the police, the relevant statutory authority or other complaints body or association may not be able to be accepted, until the matter has been finalised.

Have you attempted to resolve this complaint with the member? Yes ☐ No ☐

What was the outcome of your attempt?

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

Details of the Complaint

Please supply as much detail as you can about the incident which has prompted you to make this complaint. If there is insufficient space, please 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 it to this form. Note that these details should relate directly to your allegations of breaches of a specific section or sections of the ATMS Code of Conduct.

[illegible]

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

ATMS Complaints Committee
PO Box 1027
Meadowbank
NSW 2114