## **COMPLAINTS FORM**

Position

Address

Phone

Please complete this form if you wish to lodge a complaint with ARITA about the conduct of an ARITA member. You can attach supporting documentation to this form.

The completed form and any attachments can be sent to ARITA at the address below, or by email to **complaints@arita.com.au**.

Please contact ARITA on 02 8004 4344 if you wish to discuss your concerns before making a complaint.

Before completing this form, please read the ARITA complaints procedures and processes so that you understand what to expect and the options that are open to us.



ABOUT YOU					
Title	First Name	Last Name			
Company		ACN			
Postal Address					
Phone		Mobile			
Email					
Relationship to the company  Director  Creditor  Employee					
	Customer Shareholder Other	er (please specify)			
For ARITA to properly investigate the circumstances, we will need to contact the ARITA member that is the subject of your complaint. We will also share with them the information you have provided. We assume you agree with this when you lodge your complaint. If you do not, please explain why.					
ABOUT THE INSOLVENCY PRACITIONER					
ARITA is a membership of individuals and may only investigate complaints against members, not firms.					
Title	First Name	Last Name			

Company

Email

Briefly, what is your complain	ıt about?		
		our complaint.	
DETAILS OF YOUR CO		our complaint.	
		our complaint.	
		our complaint.	

Have you commenced any legal action?
Have you taken other formal actions? For example, have you referred the complaint to ASIC, AFSA, the CAANZ or CPA Australia?
Other comments.

**ARITA** 

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