



Dance Movement Therapy
Association of Australasia Inc.

ARBN: 633105736

DTAA COMPLAINT FORM

This form is used to make an informal complaint about a member of DTAA. All details must be completed.

1. WHO IS THE SUBJECT OF THE COMPLAINT?

Member's Name:	
Practice or Business Name:	
Practice or Business Address:	

2. COMPLAINANT(S) DETAILS

Name:	
Practice or Business Name (if applicable):	
Address:	
Email:	
Home/Mobile Number:	
Work Phone:	

3. ACTIONS TAKEN BY COMPLAINANT TO RESOLVE THE ISSUE

Have you taken any actions to resolve the issue prior to lodging this form?

Yes No

If you have indicated 'Yes' please give a brief summary of the actions. (You are asked to provide full details about the complaint in the next section).

4. WHAT IS THE COMPLAINT

Please list the examples of breachers and their relationship to clauses from the DTAA Code of Ethics (<https://dtaa.org.au/about/ethics/>) that you believe have been breached by the Member cited. Make sure the complaint is described as clearly as possible and that you provide the circumstances giving rise to the complaint.

5. PRIVACY STATEMENT

In this Privacy Statement, “Personal Information” has the same meaning as in the Privacy Act 1988 (Cwlth). DTAA is committed to protecting the privacy and security of the Personal Information which it holds about you. Any Personal Information you provide us with in this form will be used by DTAA to investigate the complaint and in any DTAA disciplinary proceedings. If you do not provide us with this Personal Information, we may not be able to investigate your complaint.

DTAA may disclose the Personal Information you provide to us to:

- the Member in question and their representative
- Governance Sub-committee of DTAA involved in the disciplinary process
- regulatory bodies as required by law
- other professional bodies of which the Member may also have membership.

You have the right to access any Personal Information which DTAA holds about you, subject to the exceptions in the Privacy Act 1988 (Cth).

6. CONSENT

1. I/we understand that DTAA will forward a copy of this complaint and attachment(s) and may forward any further correspondence submitted during the course of the investigation, to the Member, even if the complaint is deemed unviable.

2. I/we understand that DTAA may, for the purpose of investigating this complaint, have access to any of my/our files or records held by the Member and I/we will execute any other authority or request for information necessary for DTAA to obtain relevant information and provide any further information within my/our power necessary for DTAA's disciplinary process in respect of this complaint.

3. I/we have read and consent to DTAA's collection, use and disclosure of the information supplied in this form (see Privacy Statement above).

4. I/we understand that once a complaint is made and notwithstanding that the complainant withdraws the complaint, DTAA may act on its own accord in assembling evidence or laying the complaint. DTAA may continue to investigate a complaint if there is sufficient evidence available, without the complainant's participation.

Complainant's Name:
(Please Print)

Complainant's Signature
Date:

Completed Complaints Form should be forwarded to:
Code of Ethics Committee,
C/O DTAA
admin@dtaa.org.au
or
PO Box 5029,
Garran, ACT 2605, Australia.

