

Accredited Professionals Scheme Complaint Form

Regulation 28 of the Planning, Development and Infrastructure (Accredited Professionals) Regulations 2019

I wish to lodge a complaint with the Accreditation Authority.

My details

Title: First name: Surname:

My contact information

Contact telephone: Mobile:

Email:

Address:

Suburb: State: Postcode:

Preferred communication method: ☐ Email ☐ Post

My complaint is regarding the following Accredited Professional

Accredited Professional's name:

Registration number:

My complaint relates to

(Please select one or more of the following options)

- ☐ The Accredited Professional has breached the [Accredited Professionals Scheme Code of Conduct](#)
- ☐ The Accredited Professional has failed to comply with, or acted in contravention of, legislated requirements relating to their assessment, decision, permission, consent, approval, authorisation, certificate or any other process relating to a development or proposed development
- ☐ The Accredited Professional has acted in a manner that constitutes an offence under section 91 of the [Planning, Development and Infrastructure Act 2016](#).

Details of my complaint

(Please provide details of your complaint. Include what happened, when it happened, who was involved, related development application reference numbers, code of conduct references or legislative references)

(Attach other pages if required)

The following evidence supports my complaint:

Other relevant information:

Have you approached the Accredited Professional about this complaint?

Yes ☐ No ☐

If yes, what was the outcome?

STATUTORY DECLARATION

I, _____
(Full Name)

of _____
(Address)

do solemnly and sincerely declare that:

(Attach other pages if required)

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act, 1936-1969*.

Signature

Declared at

in the State of South Australia

this

day of

20

Before me:

J.P.

Note: The Accreditation Authority will acknowledge receipt of the complaint within 5 business days of receipt. Persons making a complaint are encouraged to keep the details of the complaint confidential so that the matter can be investigated and determined.

Accreditation Authority
Accredited Professionals Scheme
PO Box 1815, ADELAIDE SA 5001
DHUD.APSCComplaints@sa.gov.au
(08) 7133 2619

FOR OFFICIAL USE

Complaint No:

Lodgement date:

Complaint Officer

Date

Recommend to proceed

Yes ☐ No ☐

Accreditation Authority

Date

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