



ACCREDITATION
AUTHORITY

Accredited Professionals Scheme Complaint Form

Part 6 - Regulation 28 of the Planning, Development and Infrastructure (Accredited Professionals) Regulations 2019

Title: Given names: Surname:

No: Street:

Suburb: State: Postcode:

Contact telephone: Mobile:

Email address:

Circumstances giving rise to the complaint:

Evidence supporting the complaint:

Other information:

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 thoroughly.

Accreditation Authority
Accredited Professionals Scheme
PO Box 1815, ADELAIDE SA 5001
DIT.APSQueries@sa.gov.au
1800 752 664

FOR OFFICIAL USE

Complaint No: _____ Lodgement date: _____

Accredited Professionals Scheme Coordinator _____ Date _____

Recommend to proceed Yes No

Accreditation Authority _____ Date _____