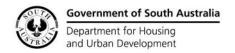


## Accredited Professionals Scheme Complaint Form

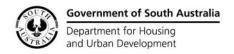
Regulation 28 of the Planning, Development and Infrastructure (Accredited Professionals) Regulations 2019

I wish to lodge a complaint with the Accreditation Authority.

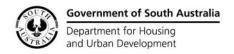
My details						
Title	: First name:		Surname:			
My	contact information					
Con	tact telephone:		Mobile:			
Ema	il:					
Addı	ress:					
Sub	urb:		State:	Postcode:		
Pref	erred communication method:	□ Email	□ Post			
Му	complaint is regarding the fol	lowing Accre	dited Profession	nal		
Accredited Professional's name:						
Registration number:						
My complaint relates to						
(Plea	ase select one or more of the following	g options)				
	The Accredited Professional has Conduct	breached the A	accredited Profess	ionals Scheme Code of		
	☐ 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 <i>Planning, Development and Infrastructure Act 2016</i> .					



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

<a href="mailto:DHUD.APSComplaints@sa.gov.au">DHUD.APSComplaints@sa.gov.au</a>
(08) 7133 2619

FOR OFFICIAL USE					
Complaint No:		Lodgement date:			
Complaint Officer		Date			
Recommend to proceed	Yes No No				
Accreditation Authority		Date			

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