

Your details	
Surname	
First Name (s)	
<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other (please specify)	
Address	
Phone	
Email	
Representative	

Please note that details of the complaint (**excluding this page**) and any correspondence from you in relation to the investigation will be made available to the member concerned. [Please proceed to p2](#)

Details of the member(s) you wish to complain about

Surname	
First Name (s)	
Address (if known)	
Postcode	

Surname	
First Name (s)	
Address (if known)	
Postcode	

Surname	
First Name (s)	
Address (if known)	
Postcode	

Surname	
First Name (s)	
Address (if known)	
Postcode	

Details of the complaint

Have you already raised the complaint with the member(s)? ☐ Yes ☐ No

If yes, please state the date you raised it.

Date | |

What was the outcome?

Have you already raised the complaint with any other regulator, organisation or person? ☐ Yes ☐ No

If yes, please enter the name of the regulator, organisation or person.

Enter the date you raised it.

Date | |

What was the outcome?

Have you commenced legal proceedings or any type of mediation or arbitration process on this complaint? ☐ Yes ☐ No

If yes, at what are the proceedings or dispute resolution process. *Please also provide details of the court / hearing date.*

Hearing date

| |

When did the actions leading to this complaint take place?

If this was more than five years ago, please say why there has been a delay in referring this matter.

Please describe the complaint. Include what, in your view, the Member has done wrong.
State the facts as clearly as you can, in a logical order, and please only focus on what is relevant to the complaint.
The amount of text in this field is not restricted.

Other people with information to assist an investigation

Please give the names and addresses of any other people who you believe may be able to help us to investigate this matter.

Name	
Address	

Name	
Address	

Documents to support the complaint

Please attach to this pdf form, copies of any documents that may support the complaint. Please do not send original documents.

I have attached additional documents to support my complaint: ☐ Yes ☐ No

Please list below what you have attached:

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Have you written to the Actuaries Institute before about this matter? ☐ Yes ☐ No

If yes, please give date of your correspondence Date

Reminder: details of the complaint and any correspondence from you in relation to the investigation will be made available to the member concerned. Please do not provide any personal information regarding a third party except the subject of the complaint.

Submit your complaint

By signing and submitting this form you acknowledge and agree that this complaint and all information provided is subject to our [Privacy Policy](#), [Terms of Use](#) on our website, our [Privacy Notice](#) and your [Waiver](#).

Signature *(Enter/type your name to sign)*

Date

CLICK 'SUBMIT' TO SEND THIS FORM AND ANY SUPPORTING DOCUMENTS TO DisciplinaryScheme@actuaries.asn.au

SUBMIT