

## AdPha CONTINUING PROFESSIONAL DEVELOPMENT (CPD) COMPLAINT FORM

**PLEASE COMPLETE THIS FORM IF YOU HAVE A COMPLAINT REGARDING A CPD ACTIVITY EITHER  
CONDUCTED BY OR ACCREDITED BY AdPha**

**Please return the completed form via email to [cpd@adpha.org.au](mailto:cpd@adpha.org.au)**

- All complaints will be reviewed and fed into AdPha's quality improvement program for accredited and non-accredited CPD activities.
- Please carefully complete this form by answering all the questions and signing the declaration.
- Please attach photocopies of any relevant material associated with your complaint.
- The information you give may be passed onto the education provider as part of the quality assurance process.
- The time required to investigate and resolve complaints can vary. We will inform you of the outcome of your complaint.

**Please provide the following details:**

### 1. Your details

**Title:**

**Name:**

**Contact Number:**

**Email:**

### 2. Details of CPD Activity

**CPD Activity Name:**

**Education Provider:**

**Date of CPD Event:**

### 3. Information about your concerns

- a. Have you already tried to resolve this concern with the education provider?  
 Yes       No

If you marked "Yes", please describe how? Give details of when this occurred, what was said and the outcome.

.....

.....

If you marked "No" please explain why.

.....  
.....

b. What outcome are you hoping to achieve by raising this concern with the AdPha?

.....  
.....

- c. Please list the main issues of concern and tell us:
- What you believe the education provider did or did not do
  - The date(s) of relevant events

If there is not enough space, please attach a separate piece of paper.

Please attach photocopies, scans or screenshots of any relevant documents (e.g. course material, correspondence, receipts, other)

**4. Quality Assurance**

Deidentified copies of the information you give may be forwarded to the CPD Provider involved to facilitate a resolution of the complaint. Is there any reason why you do not want this to occur? Please provide details below.

.....  
.....

**5. Declaration**

- I declare to the best of my knowledge and belief that the information and/or documents that I provide are true and complete.
- I understand that providing information or documents, which I know to be false or misleading, is a serious offence and could render me liable to a penalty under Division 137 of the Criminal Code (Cth).
- I agree to inform AdPha if proceedings in a Court or Tribunal are instituted by or against the education provider about whom I am complaining. I understand that AdPha may suspend its investigation of this complaint until such proceedings are finalised.

Signature .....

Date.....

***This form must be signed before the complaint can proceed.***