



AUSTRALASIAN INSTITUTE OF MARINE SURVEYORS

GRIEVANCE AND COMPLAINT REPORT FORM

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|--|--|
| Date | |
| Name of Person Making the Complaint | |
| | Are you an AIMS member? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email | |
| Phone | |
| Name of Person/s to whom the complaint is made against | |
| Date and location of incident | |
| Complaint details Please provide as much information as possible. Additional Evidence and documents can be attached to this form | |
| Proposed Outcome. What would you like us to do? | |

Signature: _____