**Code of Practice Notice of Complaint Submission Form**

To lodge a complaint in relation to a member of the Medical Technology Association of Australia (MTAA), please complete this form and address it to the Code Secretary at code@mtaa.org.au.

**Details of the complaint**

|  |  |
| --- | --- |
| Name of person/organisation the complaint is regarding |  |
| Which section of the Code of Practice Edition 13 (the Code) does the complaint refer to? |  |
| Please list and provide any evidence to substantiate the complaint |  |
| Are there any other details that may be of importance to the complaint?  |  |
| Please provide the details of any communication you have had with the person/organisation to resolve this matter |  |
| Are you aware of any pending legal action in relation to this matter? If so, please provide the details |  |
| A copy of the Code is available on MTAA’s website at [www.mtaa.org.au](http://www.mtaa.org.au)If you require any assistance, please contact the Code Secretary at MTAA on 02 9900 0626 or via email at code@mtaa.org.au |  |

**Complainant Details**

|  |  |
| --- | --- |
| Name: |  |
| Contact Number: |  |
| Email address: |  |
| Date: |  |

Please note that anonymous complaints will not be accepted as per clause 6.1 d). If you wish to have your name to withheld from the other party (the Respondent) and from public release, please tick the box [ ]

**Declaration**

I, Click or tap here to enter text. accept that all aspects of the complaint will be kept confidential until the complaints process has been completed and all avenues of appeal have been exhausted as outlined in clause 6.1 f) (iii) of the Code. I accept that the details of this complaint will be published on the MTAA website if the complaint is upheld, not including the details of the complainant in accordance with clause 6.1 d), as outlined in clause 6.6 of the Code.

Signed: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­