

**PERSONAL INFORMATION**

Title		First name	
Last name		Preferred name (optional)	
Address			
Suburb/area		Postcode/ZIP	City
State/province		Country	
Business hours phone		Email	
Mailing address (if different)			
Suburb/area		Postcode/ZIP	City
State/province		Country	

**MANDATORY**

Are you a CPA Australia member?

Yes  No

CPA Australia Membership ID

**COMPLAINT OR APPEAL**

Details of complaint or appeal

What outcome would you like to see as a result of lodging this complaint/appeal?

If you are submitting evidence along with this form please list the items

(If yes please provide details of nominated person)

Do you require a support person during this process?

Yes  No

(If yes please provide details of nominated person)

## PRIVACY STATEMENT

I have read the Privacy Policy at [cpaaustralia.com.au/privacypolicy](http://cpaaustralia.com.au/privacypolicy) and consent to my personal information being collected, held, used and disclosed in the way and for the purposes stated there.

Signature

Date

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## PLEASE SUBMIT YOUR COMPLETED FORM TO:

Email: [RG146CPD@cpaaustralia.com.au](mailto:RG146CPD@cpaaustralia.com.au)

Post: RTO Manager  
CPA Australia  
GPO Box 2820  
Melbourne, VIC 3001

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TO BE COMPLETED BY CPA AUSTRALIA

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