



AUSTRALASIAN INSTITUTE OF MARINE SURVEYORS

GRIEVANCE AND COMPLAINT REPORT FORM

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: _____