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## EMDRAA COMPLAINT SUBMISSION FORM

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The EMDR Association of Australia (EMDRAA) promotes best practices in EMDR therapy knowledge to its members and other EMDR therapists, increasing our capacity to heal the community. As a member organisation, we take complaints and concerns seriously and will always aim to resolve matters in a timely and transparent manner.

### 1. Purpose

This form has been developed to assist EMDRAA in managing complaints. The form is used in conjunction with the EMDRAA Complaints Policy, a copy of which will be provided to you.

### 2. Your Information

#### 2.1 Name of person submitting this form

First Name:

Last Name:

#### 2.2 Membership Status:

Member

Non-Member

Not applicable

#### 2.3 Contact Information:

Email Address:

Phone Number:

#### 2.4 Preferred Method of Contact:

Email

Phone

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Post

**Address:**

Street Address:

State/Territory:

Postal Code:

**3. Details of Complaint**

**3.1 The subject of Complaint:**

*Please provide a brief description of what the complaint relates to.*

**3.2 Date of Incident/Issue (if applicable):**

**3.3 Description of Complaint/Feedback:**

*Please provide a detailed description of the matter, including any relevant dates, names of individuals involved, and the impact or outcome.*

**4 What actions have already been taken to resolve this issue?**

*Please provide details of any engagements with the parties involved in the matter, including the dates of conversations, actions taken, and outcomes.*

Has the complaint been raised elsewhere:

*Please provide specific details of where else this matter has been raised, including other organisations, regulators, or any other third parties currently involved or aware of this matter.*

**5 Have you raised this issue with us before?**

No

Yes

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**If yes, please provide details:**

*Include any previous communication or responses received.*

## 6 Resolution and/or Desired Outcome

**What would you like to see happen in relation to your complaint?**

*Please provide specific details about the outcomes or actions you are seeking.*

## 7 Consent and Declaration

### 7.1 Consent to Share Information:

Yes - I consent to EMDRAA contacting me regarding this submission.

Yes - I consent to EMDRAA sharing my information with relevant third parties, including the party the complaint is about, to assist in resolving the complaint.

**Please note:**

**Your complaint may remain anonymous; however, it may be difficult for us to thoroughly address the complaint if we cannot seek additional information, including input from other parties involved.**

### 7.2 Declaration

I declare that the information provided is true and accurate to the best of my knowledge.

## 8 Supporting Documentation

*If you have any documents, emails, or other materials that support your complaint or feedback, please attach them to this form and return them to [professional.standards@emdraa.org](mailto:professional.standards@emdraa.org)*

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## 9 Administration

9.1 Date Received:

9.2 Business Area Complaint Relates to

Conference & Events

Accreditation & Standards

Member/s

Other

9.3 Assigned to: Manager, Accreditation and Professional Standards

9.4 Action Taken:

9.5 Date of Resolution/other actions:

9.6 Outcome:

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