



# Satyananda Yoga Teachers' Association

## MEMBER COMPLAINT FORM

### Purpose:

This form is provided for the purposes of reporting a complaint about an incident with a SYTA Member. Additional pages or other information may be annexed if required.

Please Note: It is encouraged to report your complaint within six months of the incident occurring.

Full Name:
Address:
Telephone Number:
Email:
Date and place where the incident occurred:
Describe as clearly as possible what happened and the name(s) of the SYTA member(s) involved:
Explain what action you have already taken to remedy the incident:

*In the interests of natural justice, the information you have given may be disclosed to the SYTA member that you have identified.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On completion, please email this form to the SYTA Ethics Committee at [sytaethics@syta.org.au](mailto:sytaethics@syta.org.au).

**Please keep a copy of this form for your records.**