



To: THE REGISTRAR

SAPIK, p/x 6001,
Internal box 616,
North West University,
Potchefstroom Campus,
Potchefstroom

Please send the completed form to any of the following:

E-mail: sapikinfo@gmail.com

Fax: (018) 299 1825

Post: *See postal address above*

COMPLAINT FORM

Please complete section 1-3

1.Details of Complainant

Name and Surname	
Postal Address	
Physical Address	
Cellphone number	
Telephone number	
Fax number	
E-mail address	
Have you previously filed a complaint with SAPIK? If yes, please provide details or reference number	

**2. Details of Kinderkineticist, an Assistant Kinderkineticist and/or
a Kinderkinetics-in-training / Assistant Kinderkineticist-in-training
(Hereby named the practitioner)**

Name of practitioner	
Physical address	
SAPIK registration number	
Telephone number	
Email address	

3. Details of Complaint

Date	
Place	
<i>Please provide details regarding the complaint:</i>	

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Please list relevant documents attached to this form	
What outcome do you propose for the complaint?	

Signature of complainant	
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4. Office use only	
Date received	
Reference number	