

COMPLAINT NOTIFICATION

Complete this form to notify your financial service provider that you want to make a complaint and send it to your financial service provider.

1. Financial Service Provider's details

To the Chief Executive Officer/Managing Director of:	
<i>(Name of financial service provider)</i>	
Postal address of financial service provider:	Post Code:

2. Your details

Your name/s:	
Your address:	
Address for correspondence: (If different)	
Daytime telephone number:	
Fax number:	
Your reference/contract or customer number/s:	

3. Complaint details

Outline your complaint against the financial service provider and/or attach documents relevant to complaint.

What amount is in dispute?

What do you want the financial service provider to do to resolve the matter?

Signature: _____

Date: _____