

Financial Services Complaints Limited

COMPLAINT FORM



For anyone who wishes to make a complaint against their financial service provider

More info at www.fsccl.org.nz

Before filling in this form, please check that:

- Your financial service provider is a participant of Financial Services Complaints Ltd (FSCL) - see our website at www.fsccl.org.nz.
- You have already spoken to your financial service provider about your complaint.

Please send this form by post or email. Please scan or copy all other relevant information and attach it to your complaint form. FSCL's contact details are listed at the end of this form, and are available on our website at www.fsccl.org.nz.

Part One: About You

Title <small>(Please circle)</small>	Mr / Mrs / Ms / Dr	Complainant Name	
Physical Address			Home Phone
			Work Phone
			Mobile
Email			Fax

Part Two: Who are you complaining about?

Name of financial service provider you are complaining about	
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Part Three: Your complaint

Please explain clearly what happened, the date of the event or advice giving rise to your complaint, and what action or compensation you are seeking. Please attach all relevant information to support your complaint such as correspondence or loan documents.

(If you need more space, please attach a separate sheet.)

Details of Complaint:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Part Four: Who have you spoken to about your complaint? (If applicable)

Name(s) of the person(s) you have spoken to	_____
What was their response?	_____ _____ _____

Part Five: Who should we contact? (If Applicable)

If this form was completed by someone other than the complainant, please fill out this section, otherwise go to part seven.

Who should we contact about this complaint? (Please tick one)	<input type="checkbox"/>	Contact the complainant	(Go to Part Seven)
	<input type="checkbox"/>	Contact the representative	(Go to Part Six)

Part Six: Representative Details. (If Applicable)

Title (Please circle)	Mr / Mrs / Ms / Dr	Name of representative	_____
Representative's relationship to you		_____	

Please enter the representative's contact details in the following fields

Physical Address	_____	Home Phone	_____
	_____	Work Phone	_____
	_____	Mobile	_____
Email	_____	Fax	_____

The complainant must fill out the following fields of this form

I AGREE THAT ANY INFORMATION ABOUT THIS COMPLAINT MAY BE COMMUNICATED TO MY REPRESENTATIVE.	Full Name	_____
	Signature	_____
Date	_____	

Part Seven: Submit this form to Financial Services Complaints Limited

Contact Details:

Email: info@fscl.org.nz
 Mail: PO Box 5967, Wellington 6143
 Freephone: 0800 347 257
 Website: www.fscl.org.nz