

COMPLAINT SUBMISSION FORM

Client Name & Surname	
Client Contact number	
Client Email address	
Client Policy number	
Client ID number	
Product Supplier name	
Adviser (if applicable)	
Name of Complainant	
Date complaint submitted	
Complainant Contact number	
Relationship to client	
Preferred method of communication	

PLEASE EXPRESS THE REASONS FOR YOUR DISSATISFACTION IN AS MUCH DETAIL AS POSSIBLE

PLEASE INDICATE YOUR DESIRED OUTCOME AND WHAT YOU WOULD LIKE TO ACHIEVE

WHAT DOES YOUR COMPLAINT RELATE TO? (Optional)

Did the FSP ...	Tick	Or it's product/service supplier ...	Tick
Contravene or fail to comply with an agreement?		Contravene or fail to comply with an agreement?	
Contravene or fail to comply with a law, a rule or a code of conduct?		Contravene or fail to comply with a law, a rule or a code of conduct?	
Did the FSP's ...	Tick	Or it's product/service supplier ...	Tick
Maladministration,		Maladministration,	
Wilful action,		Wilful action,	
Negligent action,		Negligent action,	
Or failure to act,		Or failure to act,	
Cause you harm?		Cause you harm?	
Cause you prejudice?		Cause you prejudice?	
Cause you distress, or		Cause you distress, or	
Cause you substantial inconvenience?		Cause you substantial inconvenience?	
Or, did the FSP treat you unfairly?		Or, did the supplier treat you unfairly?	

HOW WOULD YOU CATEGORISE YOUR COMPLAINT? (Optional).

FSP's complaint categorisation	Tick	Product/service supplier's complaint categorisation	Tick
Complaints relating to the design of a product/service or related service, including fees, premiums and charges.		Complaints relating to the design of a product/service or related service, including fees, premiums and charges.	
Complaints relating to information provided to the client.		Complaints relating to information provided to the client.	
Complaints relating to advice provided to the client.		Complaints relating to advice provided to the client.	
Complaints relating to the performance of the product/service.		Complaints relating to the performance of the product/service.	
Complaints relating to premium or investment contribution collection		Complaints relating to premium or investment contribution collection	

Complaints relating to the lapsing of a financial product.		Complaints relating to the lapsing of a financial product.	
Complaints relating to financial product accessibility, in terms of changes, switches, redemptions, surrenders, etc.		Complaints relating to financial product accessibility, in terms of changes, switches, redemptions, surrenders, etc.	
Complaints relating to complaints handling by the FSP.		Complaints relating to complaints handling by the FSP.	
Complaints relating to insurance risk claims, including non-payment or rejection of a claim.		Complaints relating to insurance risk claims, including non-payment or rejection of a claim.	
Delay in claims processing.		Delay in claims settlement.	
Lack of feedback by the FSP.		Lack of feedback by the product supplier.	
Non-receipt of Policy documentation.		Non-receipt of Policy documentation.	
Other (state):		Other (state):	

PLEASE INDICATE ANY OTHER FACTORS YOU WOULD LIKE US TO CONSIDER

PLEASE PROVIDE AND LIST THE SUPPORTING DOCUMENTATION THAT YOU BELIEVE WOULD ASSIST US IN RESOLVING THE MATTER

For office use:

Date complaint received	
Complaint received by	
Contact number	
Email address	
Department	