

Complaint form

1. Personal details: Complainant

Please tick here if one or more of the complainants identifies as being of Aboriginal or Torres Strait Islander origin (optional)

By ticking this box you give AFCA permission to consider your complaint according to our policy on enhancing access for Aboriginal and Torres Strait Islander peoples.

Complainant 1

Complainant 2

	Complainant 1	Complainant 2
Title		
First name		
Family name		
Date of birth		
Postal address		
State		
Postcode		
Mobile phone		
Daytime phone		
Email		

Please complete the details of the Complainant(s).

The **complainant** is the person who has the complaint with the financial firm.

If the complainant is a company or association, the form must be completed by someone who is authorised to act on behalf of the company or association.

If you are working with a representative, record their personal details on page 2.

2. Business details

Are you lodging the complaint on behalf of a business?

Yes No (go to question 3)

What is your relationship to the business? e.g. owner, employee

Business name: _____

ABN: _____

Number of employees the business had at the time of the event(s) giving rise to the complaint: _____

AFCA can consider complaints on behalf of small businesses.

A **small business** is defined as having less than 100 employees.

3. Personal details: Authorised representative

Only complete this section if you choose someone to act on your behalf in dealing with us.

First name		Title	
Family name			
Organisation name <i>(if applicable)</i>			
Relationship to you			
Postal address		Postcode	
State			
Daytime phone			
Email			

If you choose a **representative**, the representative and any organisation they work for will be our point of contact for you and we will send them all correspondence related to your complaint.

AFCA provides a **free service**. You do not need to be represented, but you can ask someone to help you. This might be someone from your family or a free financial counselling service. If your representative charges you a fee, you will usually have to pay this cost yourself.

4. Financial firm details

Name the financial firm you have a complaint with:

Have you made a complaint to this financial firm?

Yes No (go to question 6)

If so, when* did you complain to the financial firm?

*If you do not know the exact date, please make an estimate

If you have not previously complained to your financial firm, in most cases they will have 45 days to respond to you.

5. How did you make your complaint?

For example: I called and spoke to someone in the call centre.

Briefly state how you complained. Include how you made your complaint, who you spoke to, the phone number you rang, or the email address you used.

Since you made a complaint, have you received a final response in writing?

Yes No

If you have received a final response in writing from your financial firm, attach a copy, if available.

6. Complaint details

What sort of product or service is the complaint about?

Describe the product type(s) (e.g. home loan, life or home insurance policy, investment product, superannuation account).

Financial firm reference number(s) if available:

This will help your financial firm to locate the correct policy number/account/complaint etc.

What is your complaint about?

If you need more space, enclose additional pages with this form.

When* did the events you are complaining about happen?

** If you do not know the exact date, please make an estimate*

7. How can we help?

What do you think is a fair and reasonable resolution to the complaint?

If you are seeking payment of a sum of money, provide any calculations of your claim(s).

8. Legal/court proceedings

Has your financial firm commenced legal proceedings against you in a court?

- Yes No

There are limits on a financial firm's ability to take enforcement action or any further steps in current legal proceedings where a complaint has been lodged with AFCA.

9. Additional assistance

- Yes No Language: _____

AFCA provides a telephone interpreter service free of charge.

Is there any additional assistance we can provide?

- | | |
|--|---|
| <input type="checkbox"/> Cognitive condition | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Family violence | <input type="checkbox"/> Sight/vision |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Text telephone |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Mental health | |

This is an opportunity for you to tell us about how we can help you communicate with us.

An AFCA staff member will contact you if you indicate here that you may need assistance. We will discuss with you how you would prefer to communicate with us and any other help we can provide.

Description:

10. How did you hear about AFCA?

- | | |
|--|---|
| <input type="checkbox"/> I already knew about AFCA | <input type="checkbox"/> Financial firm |
| <input type="checkbox"/> Community organisation | <input type="checkbox"/> Legal Aid/community legal centre |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Media/advertising |
| <input type="checkbox"/> Financial counsellor | <input type="checkbox"/> Online/Social media |

11. Authority

By signing this form you consent to AFCA considering the complaint against the financial firm under the AFCA Rules. You authorise AFCA to:

- exchange your information, including relevant sensitive information, to other parties or external organisations where reasonably necessary for the purpose of dealing with the complaint, and as required or permitted by law
- refer the complaint to another financial firm or dispute resolution service where AFCA decides it is appropriate
- exchange your information, including relevant sensitive information, between financial firms where there are multiple complaints against different financial firms.

You also authorise your representative (or that representative's organisation), other complaint parties, or the financial firm to exchange your information, including relevant sensitive information, to other parties for the purpose of dealing with the complaint, and as required or permitted by law.

For general information on how we deal with information provided to us, our **privacy policy** can be found at www.afca.org.au/privacy.

Our complaint handling process is governed by the **AFCA Rules**.

Our Rules can be found at www.afca.org.au/rules.

12. Signatures

_____ Signature Complainant 1	_____ Signature Complainant 2	_____ Signature Representative
_____ Date	_____ Date	_____ Date

13. Survey - help us to improve our service

From time to time we (or someone on our behalf) might contact you for feedback (you do not have to give your name). If you do not want to be contacted, tick the box below.

- Do not contact me for feedback

Your **feedback** about our services will help us understand how we can improve as an organisation.

14. Supporting documents

Once complete send this complaint form, together with all relevant details, documents and correspondence to:

Australian Financial Complaints Authority
GPO Box 3, MELBOURNE VIC 3001
Email: info@afca.org.au

Please attach copies of all documents that are relevant to your complaint. If your financial firm has written to you about your complaint, please provide a copy of its response.

Document Checklist – this list is provided as a guide*

- | | |
|--|--|
| <input type="checkbox"/> Completed and signed complaint form (including representative's signature, if applicable) | <input type="checkbox"/> Copy of written response from your financial firm (if applicable) |
| <input type="checkbox"/> Copy of Statement of Claim (where legal proceedings have commenced) | <input type="checkbox"/> Copy of any other documents relevant to your complaint |

*For a full Document Checklist, visit www.afca.org.au/checklist