



CONSUMER COMPLAINT FORM

Name

Company Name (if applicable)

Postal Address

Town/City

Telephone (Home)

Telephone (Work)

Email Address

Name of IBANZ Member Firm

Postal Address

Town/City

Telephone Number

Email Address

Name of person/s Contacted

Detail of any other parties Involved (e.g. Insurance Company)

Name

Postal Address

Telephone Number

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FULL DETAILS OF COMPLAINT

(Please ensure you attach copies of any relevant information/documentation e.g. cover notes, renewal notices, policies, etc. which might help in investigating your complaint).

Please continue on a separate sheet if required

I/We declare that, to the best of my /our knowledge, the information given in this form is true and accurate.

I/We agree to The Insurance Brokers Association of New Zealand Inc. (IBANZ) releasing to the other parties listed below, personal information relating to this complaint.

I/We hereby authorise the IBANZ Complaints Committee to make all enquires that they consider appropriate in relation to my/our complaint and I/We hereby authorise and request that any party approached by the Committee disclose to them all relevant information about me/us, and all documents and material related to the complaint, which are held by that party.

Please Note: Pursuant to the Privacy Act 1993, the following is brought to your attention

The intended recipients of the information are:

- a) *IBANZ Disciplinary & Complaints Committee*
- b) *IBANZ Member Firm and/or other parties involved*

The information is being collected and held by the Insurance Brokers Association of New Zealand Inc.

You have the rights to access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Signature: _____

Date Signed: _____

Name of person signing

For _____
Name of Company (where appropriate)

Please return this form to:
The Secretary, IBANZ Discipline & Complaints Committee,
PO Box 7053, Wellesley Street, Auckland