



## 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


**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).

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***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 20, 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 2020.*

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

\_\_\_\_\_  
**Name of person signing**

For \_\_\_\_\_  
**Name of Company (where appropriate)**

***Please forward the completed form to:***

***The Secretary, IBANZ Discipline & Complaints Committee,  
P O Box 302504, North Harbour  
AUCKLAND 0751***