



INSURANCE & FINANCIAL SERVICES
OMBUDSMAN

COMPLAINT FORM

Before the Insurance & Financial Services Ombudsman Scheme Inc. (“the IFSO Scheme”) can consider your complaint, you first need to make a complaint to your financial service provider and give it an opportunity to resolve your complaint.

The IFSO Scheme provides a free service to consumers. You do not need to have legal advice to make a complaint to the IFSO Scheme.

For further information on the service provided by the IFSO Scheme, please check our website on www.ifso.nz.

1. Complainant(s) Details

This section should be completed with the details of the person(s) or entity making the complaint. If the Complainant is not an individual (e.g. it is a company, association, body corporate, incorporated society, estate, trust etc.), this form must be completed by someone who is authorised to act on its behalf **and** must specify a person the IFSO Scheme can deal with as the representative in section 2.

	Complainant 1	Complainant 2
Title (Miss, Mr, Mrs, Ms, Other)		
Full name(s) of individual(s), trust or entity:		
Postal Address:		
	Post Code:	
Street Address: <i>(If different)</i>		
	Post Code:	
Telephone Number:	Home:	Work:
	Mobile:	
Fax number:	Home:	Work:
Email address:		
Are you lodging a complaint on behalf of a business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many full-time equivalent employees did the business have at the time the events giving rise to the complaint occurred?		

2. Representative details

Complete this section if you are appointing someone to act on your behalf (e.g. a relative, secretary of an entity, trustee, manager of a business). If you appoint a representative, they will be our point of contact and will be sent all correspondence related to the complaint. A representative must be an individual.

You can change or cancel this authority at any time by contacting us on **0800 888 202**.

Representative's details

Title (Miss, Mr, Mrs, Ms, Other)	
Full name(s):	
Position:	
Postal Address:	Post Code:
Street Address: (If different)	Post Code:
Telephone Number:	Home: Work: Mobile:
Fax number:	Home: Work:
Email address:	

3. IFSO Scheme Participant details.

Name of Participant you have a dispute with:	
Participant's trading name, if different:	
Who have you been dealing with at the Participant?	Name: Position: Phone:

3. The Complaint

When did the event you are complaining about take place?

Have you made a complaint to the Participant? If not, please indicate why.

When did you first complain to the Participant?

Do you have a letter of “*deadlock*” from the Participant in relation to the complaint?

Yes No

If yes, please enclose a copy.

Please note the IFSO Scheme is generally unable to consider the complaint until the Participant’s internal complaints procedure has been used and “*deadlock*” has been declared by the Participant.

If you do not have a letter of “*deadlock*” please contact the IFSO Scheme on 0800 888 202 to discuss.

Have you referred the complaint to any other organisation for resolution? (*E.g. the Disputes Tribunal or another Approved Dispute Resolution Scheme.*)

Yes No

If yes, please give details including the name of the other organisation:

What sort of product or service is the complaint about (e.g. loan, insurance policy, investment product, financial advice)?

Please provide a reference number so that the Participant can locate the correct information (e.g. the policy number, account number, complaint reference):

What is your complaint against the Participant? If you need more space, please enclose additional pages with this form. Please provide us with any documentation/correspondence related to the complaint.

What amount is in dispute?

What do you want the Participant to do to resolve the matter?

Is English your preferred language?

Yes No

If no, please tell us which language you prefer to use. _____

Privacy Declaration

I understand and agree that:

- The personal information supplied by me to the IFSO Scheme or obtained about me by the IFSO Scheme will be used for the investigation and consideration of the complaint.
- At the conclusion of the complaint the information held by the IFSO Scheme may be used for reference or statistical purposes.
- To enable the investigation and consideration of the complaint, personal information about me may be disclosed to the Participant or to another Approved Dispute Resolution Scheme or to a third party unless I advise that I wish specific information not to be disclosed.
- Failure to supply any personal information requested by the IFSO Scheme or to allow the IFSO Scheme to disclose information to the Participant or to another Approved Dispute Resolution Scheme or to a third party may affect the ability of the IFSO Scheme to investigate and consider the complaint.
- In some situations the law requires the IFSO Scheme to pass information about Participants on to third parties including the Reserve Bank, the Financial Markets Authority and the Registrar of Financial Service Providers. The information provided may include information about the complaint.
- In some situations the IFSO Scheme may pass information about a Participant on to a regulator or enforcement agency including a licensing authority, the Financial Markets Authority, and the Registrar of Financial Service Providers. This may occur, among other things, where the Ombudsman considers that serious misconduct may have occurred or that information should be provided to a regulator or enforcement agency about the Participant's conduct. The information provided may include information about the complaint.
- I have the right to request access to and correction of any of my personal information held by the IFSO Scheme.

Signature:

Complainant 1*

Complainant 2*

Date:

Signature:

Representative

Date:

* If you are signing as a director, trustee, under a power of attorney etc. please specify the capacity you are acting in, e.g. "for and on behalf of the XX trust", "as director", "as an attorney".

CONFIDENTIALITY PROVISIONS

ISO Scheme complaint number: _____ (“the complaint”).

Complainant 1: _____

Complainant 2: _____

Representative: _____
(if applicable)

Waiver of Confidentiality

- I authorise the Insurance & Financial Services Ombudsman Scheme Inc. (“the IFSO Scheme”) to make any enquiries that it considers appropriate in relation to the complaint.
- I authorise the IFSO Scheme to give to, or to obtain from, any party all relevant personal information held about the complaint and I authorise that party to disclose such information. This includes any documents and other material held by that party.

Obligation of Confidentiality

In accordance with paragraph 9 of the IFSO Scheme’s Terms of Reference:

- I accept that the complaint will be investigated by the IFSO Scheme on a confidential and “without prejudice” basis.
- I must keep all information provided to me by the IFSO Scheme absolutely confidential. This means that I cannot disclose any information provided by the IFSO Scheme to any person or entity at any time, other than the parties to the complaint or my legal adviser/representative, or to comply with the provisions of the Privacy Act 1993.
- I accept that if the Complainant(s) or their representative breach the Obligation of Confidentiality, the IFSO Scheme shall discontinue consideration of the complaint. I understand that both the IFSO Scheme and the Participant may respond, as is appropriate, including disclosing the terms of any decision made by the IFSO Scheme in respect of the complaint.
- **I understand that the IFSO Scheme shall not identify the Complainant(s), the Participant or the Representative in any information relating to the complaint, except as follows:**
 - (a) as agreed by the parties to the complaint;
 - (b) as required by law; or
 - (c) as required for the proper operation or administration of the IFSO Scheme.

Signature: _____
Complainant 1*

Complainant 2*

Date: _____

Signature: _____
Representative

Date: _____

* If you are signing as a director, trustee, under a power of attorney etc. please specify the capacity you are acting in, e.g. “for and on behalf of the XX trust”, “as director”, “as an attorney”.