**Complaint** form

Thank you for taking the time to lodge a complaint. Please complete this form fully so that we may resolve your complaint as quickly and fairly as possible. Please return this form via the post or email. Contact information for Essential Insurances Ltd is available on our web site [www.essentialinsurances.co.nz](http://www.essentialinsurances.co.nz)

**YOUR DETAILS**

Complainant(s) (If complainant is not the policyholder, please explain relationship)

**CLIENT DETAILS**

Company name (If applicable) Title: Mrs/Ms/Miss/Mr

Surname First name

Street address Postal address

Home telephone Work telephone Mobile telephone

Email address

**POLICY DETAILS**

(If available and/or relevant)

Insurance company name

Policy No Type of policy

Expiry date of policy Amount in dispute

**www.essentialinsurances.co.nz.co.nz**

**COMPLAINT**

What is your complaint? (Please provide us with any documentation/correspondence related to the complaint)

If not stated above what do you think should be done to resolve the matter

Have you referred your dispute to any other organisation for resolution? E.g. FSCL – If Yes, please give details Y N

Is this the first time you have made this complaint? If, no please give details Y N

PRIVACY ACT 1993

The personal information supplied by you to Essential Insurances, or obtained about you by Essential Insurances, will be used only for the investigation of your complaint or, at the conclusion of the investigation, for reference purposes with Essential Insurances.

To enable the investigation of your complaint, personal information about you may be disclosed to the insurance company, or to a third party, unless you advise Essential Insurances that you wish specific information not to be disclosed.

You have the right to request access to and correction of any personal information held by Essential Insurances. You are entitled to be supplied, on request, with details of any agencies to which Essential Insurances has disclosed personal information about you. Failure to supply any personal information requested by Essential Insurances may affect the ability of Essential Insurances to consider and investigate your complaint.

**I/We accept that my/our complaint will be investigated in accordance with the provisions of the Privacy Act 1993**

SIGNATURE/CLIENT(S) DATE SIGNATURE/COMPLAINT(S) (IF NOT THE CLIENT) DATE

**website www.essentialinsurances.co.nz**