



## 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 to your branch. Contact information for all branches is available on our website [rothbury.co.nz](http://rothbury.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

Fax

Email address

### POLICY DETAILS

(If available and/or relevant)

Insurance company name

Rothbury branch

Policy No

Type of policy

Expiry date of policy

Amount in dispute

## COMPLAINT

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

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

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

Y ☐ N ☐

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

Y ☐ N ☐

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## PRIVACY ACT 2020

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

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 Rothbury 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 Rothbury. You are entitled to be supplied, on request, with details of any agencies to which Rothbury has disclosed personal information about you.

Failure to supply any personal information requested by Rothbury may affect the ability of Rothbury 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**

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Signature/Client(s)

Date

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Signature/complainant(s) (if not the client)

Date