Complete this form if you’re unhappy with the service you’ve received.

When you’ve finished, please email the form to us at customerfeedback@acc.co.nz or post it to ACC Customer Resolutions Team, PO Box 892, Freepost 264, Hamilton, 3240.

If you need any more information about our customer feedback process or any help with the form please call us on 0800 650 222.

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| --- | --- | --- | --- | --- | --- |
| 1. Client details | | | | | |
| Client name: | | | Claim number (if applicable): | | |
| Address: | | | | | |
| Home phone: | | | Mobile phone: | | |
| Email address: | | | Work phone: | | |
| Preferred contact method (tick one): | | | | | |
| Post | Home phone | Mobile phone | | Email | Work phone |

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| 2. About your complaint |
| Please provide as much information you can, including dates and specific relevant details.  You can use another page if you like. |
| When did the incident happen? |
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| Who was involved? |
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|  |
| Tell us about your service experience: |
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| 3. Resolving your complaint |
| What would it take for you to feel satisfied that your complaint has been resolved? For example, what’s the outcome you’re expecting?  You can use another page if you like. |
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| 4. Customer representative or advocate details | |
| Fill this section in if this applies to you. | |
| Representative/advocate’s name: | |
| Phone number: | Email address: |
| What is your relationship to the customer? | |

|  |  |
| --- | --- |
| 5. Signature | |
| Signature: | Date: |
| If you’ve completed this form on behalf of someone else, please sign above and attach their written consent to act on behalf of the person you represent. | |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.