



Complaint Form

Name:

DOB:

Address:

Contact Number:

Email:

Preferred Contact Method:

Email: Phone: Letter:

Preferred Contact Time:

Morning: Afternoon:

When would be the best time to contact you (morning or afternoon between the hours of 9am and 5pm)? We will endeavour to contact you at your preferred time, but this may not always be possible.

Account Number:

For store cards enter your 16-digit card number. For loans the account number will be 9 or 10 digits long.

Description of Complaint: Tell us about your complaint. Please give us any information you think is relevant, including what's happened and how it impacted you.

Desired Outcome of your Complaint: Please indicate what outcome you are looking for to resolve your complaint