**Complaints Form**

Please print clearly in black or blue ink.

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| **Your personal details** |
| Full Name |       |
| Postal Address |       |
| Residential Address*(cannot be a PO Box)* |       |
| Email |       |
| Phone (b/h) |       | Mobile No. |       |
| AGS (member no.) |       | Date of Birth |       |
| **Details of the Complaint** |
| Please provide details of the complaint and supply any relevant documents and other information that may support the compliant and its resolution. Please attach additional pages if necessary. |
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| Details of the complaint cont.       |
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| **Complaint Resolution** |
| Please provide details of how you would like your complaint resolved. |
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| **Declaration** |
| I declare that the information included on this form is a true and accurate representation of the events leading to this complaint.Name (Print in BLOCK LETTERS) |
| Signature | Date      |
| Return the completed form to:The Complaints OfficerNT Superannuation Office GPO Box 4675 DARWIN NT 0801Email: ntsuperannuation@nt.gov.au (please insert “To Complaints Officer” in the subject field). |