**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 Officer  NT Superannuation Office  GPO Box 4675  DARWIN NT 0801  Email: [ntsuperannuation@nt.gov.au](mailto:ntsuperannuation@nt.gov.au)  (please insert “To Complaints Officer” in the subject field). | | | | |