

Complaint Form

YOUR DETAILS	
Name:	
Postal Address:	
Email:	
Contact Number:	

ATAINZ MEMBER DETAILS	
Name:	
Practice Name:	
Postal Address:	
Email:	
Contact Number:	

Please note:

The complaints process does not investigate issues relating to fees. Fees charged by ATAINZ Members are a commercial matter between the member and their clients and are outside of ATAINZ's jurisdiction.

Should you require more space to complete your complaint, simply attach additional pages.

Your Complaint

Please give full details of your complaint. Tell us what happened, when it happened and describe exactly what it is you are unhappy about and why. Also send copies of any relevant documentation and or correspondence. If possible refer to the ATAINZ Rules and/or Code of Ethics and let us know what part of the Rules and/or Code of Ethics you feel has been breached.

Did you discuss the problem with your ATAINZ agent ?

Yes / No

If Yes please tell us what happened.

If not why not ?

Resolution

What would you be satisfied with as a way to resolve your complaint ? Tell us what you would like to happen.

Is this matter being pursued through any other regulatory body ? ie: Police/Courts Yes / No

If Yes please advise which regulatory body

DECLARATION	
I confirm that I have presented the issues surrounding the complaint in an accurate and fair manner. I understand that a copy of my complaint and any supporting evidence will be sent to the ATAINZ member concerned.	
Name:	
Signed:	
Date:	

Send you completed complaints form to: ATAINZ
 PO Box 87475
 Meadowbank, Auckland 1742

Or email to: admin@atainz.co.nz

Complaint Check List:		
Complaint Form completed in full	Yes	No
Supporting documentation attached	Yes	No
Have you signed the Complaint Form	Yes	No