



**COMPLAINT COVER SHEET**

**Please complete this form and send it to your insurance company or adviser with a letter outlining your complaint.**

To: (Name and address of insurance company, adviser)	Chief Executive Officer/Managing Director
Your name/s:	
Your address:	
Address for correspondence: (If different)	
Daytime telephone number:	
Fax number:	
Policy Number/s:	
Policy type: (e.g. house, health, disability etc.)	
Claim number: (if known)	