

Complaint

Person Making the Complaint

1	Veterans' Affa	airs nu	ımber (if kno	own)						
2	Title (tick)	Mr	Mrs	Ms	Dr	Miss	Other			
3	Last name									
4	First name/s									
5	Other name/s	s know	n as							
6	Date of birth		/	/						
7	Postal Addr	ess								
	Country (if not New	Zealand)					Post Code			
8	Other Contact Details									
	Home Phone	Home Phone Work Phone								
	Mobile Number				E-n	nail Address				
	(continued on next page)									

9 Complaint (continued)

Briefly outline the nature of the Complaint (use additional pages if needed).

10 Action taken

Briefly outline who you have spoken to in order to resolve this complaint

11 Outcome sought

Briefly outline what you would like to see happen as a result of this complaint

Signature

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Date

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Please send your complaint to:

Complaints Service Veterans' Affairs PO Box 5146 WELLINGTON 6140