

# 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