

If you are making a complaint, please complete the following:

Date of Occurrence:.....

Name of area / staff member responsible (if known):.....

Have you previously contacted us about this issue: No / Yes (please provide details).....

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Desired Action (what outcome are you seeking?).....

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Any other comments

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Your details:

Name.....

Shareholder Number.....

Address.....

Phone Number.....

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Email.....

.....

Signature

Date

.....

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Note: Feedback is welcome at any time – you are required to use this form when submitting future feedback. If you would like a copy please contact the office or visit our website: www.tiroatehape.maori.nz