

Summary of events



This form gives a summary of your complaint and our initial findings.

Please check all the information, including your personal and complaint details, to make sure they're correct. If you'd like to change anything please:

- complete part 5
- return the form to us within 7 days at complaints@acc.co.nz or post to ACC Complaints, PO Box 892, Freepost 264, Hamilton, 3240.

If you need any help with the form please call us on 0800 650 222.

1. Client details	
Client name: [Client full name auto]	Complaint number: [Complaint number auto]
Address: [Client address line 1 auto], [Client address line 2 auto], [Client address line 3 auto], [Client address postcode auto]	
Home phone: [Client home phone auto]	Mobile phone: [Client mobile phone auto]
Email address: [Client email auto]	Work phone: [Client work phone auto]
2. Client representative or advocate details	
Representative's name:	
Phone number:	Email address:
Relationship to the client:	
3. Business unit details	
ACC business unit/agent/accredited employer name:	
Contact name:	Phone number:
Email address:	
4. Details of complaint	
Date received:	Complaints investigator:
Summary of complaint:	
Alleged breach(es) of the Code of ACC Claimants' Rights:	
Summary of information:	
Area(s) of disagreement:	

