

Complaint form

Use this form to tell us about your complaint. We will use the information you give us to investigate your complaint.

Do you hold your account with another person?

If you applied for the financial product together with another person, you will need to ask them to sign and date the disclosure statement (page 4). If they cannot do this, please let us know in your complaint summary (page 3).

Do you need help filling out this form?

If you need us to help you to fill out this form, you can call us on 1800 138 422 (9.00am – 5.00pm Monday to Friday AEST (excluding public holidays)).

Do you want another person or company to handle this complaint for you?

If you would like someone else to represent you, fill out the third party authority (page 6).

Lodging this form

You can send the completed form to:

- E: complaints@cio.org.au
- F: 02 9273 8440
- P: PO Box A252 Sydney South, NSW 1235

If you prefer, you can fill out and lodge your complaint online at www.cio.org.au.

Your name and contact details

	Main consumer	Second consumer
	Mr / Ms / Mrs / Miss / Mx (please circle)	Mr / Ms / Mrs / Miss / Mx (please circle)
First name		
Last name		
Date of birth		
Email		
Postal address		
Main contact number		
Alternative contact number		
If we write to you, how would you like us to do this?	<input type="checkbox"/> Email	<input type="checkbox"/> Email
	<input type="checkbox"/> Post	<input type="checkbox"/> Post
(Optional) Do you identify as: (Please tick any that are relevant)	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Aboriginal

	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander
Do you need any special assistance with your complaint? (Please tick any that are relevant)	<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing
	<input type="checkbox"/> Vision	<input type="checkbox"/> Vision
	<input type="checkbox"/> Physical	<input type="checkbox"/> Physical
	<input type="checkbox"/> Speech	<input type="checkbox"/> Speech
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Do you need an interpreter? If YES, which language?		

Details of the product/service you received

What is the name of the person or business you are complaining about?

What type of product did the person or business provide to you?

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Personal loan | <input type="checkbox"/> Financial advice |
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Lease | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Other: _____ | | |

What was the main purpose of this product? Please tick one below:

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Business | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Other: _____ | | |

Name/s on the account:

Account or customer reference number:

Are you lodging this complaint on behalf of your business?

- Yes
 No

Name of your business

How did you hear about us?

- | | | |
|---|--|--|
| <input type="checkbox"/> Person or business you are complaining about | <input type="checkbox"/> ASIC | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Financial counsellor | <input type="checkbox"/> Financial Ombudsman Service (FOS) | <input type="checkbox"/> Credit repair company |
| <input type="checkbox"/> Community legal centre/ Legal Aid | <input type="checkbox"/> Other Ombudsman | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Lawyer – private | <input type="checkbox"/> Other: _____ | |

Your complaint

When did you first realise there was a problem?		___/___/___
Have you asked the person or business you are complaining about to fix the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, approximately when? ___/___/___
Did the person or business respond to your complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, approximately when? ___/___/___

Describe your complaint. Tell us:

- what happened
- when it happened
- who you think is responsible.

How would you like your complaint to be resolved?

If you need to send us documents that support your claim, do not send us the original documents – please send us photocopies of the originals.

Supporting documents may include agreements, loan documents, application forms, broker contracts, emails, telephone records, statements of advice, etc.

Note

In accordance with the Credit and Investments Ombudsman Rules, all statements you make and information or document you provide us are on a “without prejudice” basis. This means that nothing you say or do or information you give us during this process can be used later in legal proceedings.

Disclosure statement

	Main consumer	Second consumer
I/We		
authorise the Credit and Investments Ombudsman to forward this complaint and supporting documents to:		
a)		
<i>Please insert the name of the person or business you are complaining about</i>		
b)	the relevant Australian Credit Licensee (ACL) or Australian Financial Services Licensee (AFSL) (if the person or company you are complaining about is a representative of the ACL or AFSL).	

You acknowledge and agree that by signing this document, you authorise:

- a) us to collect, keep, use, correct and disclose information about you or the complaint,
- b) the person or business you are complaining about, their ACL and/or their AFSL, to give us information about you or the complaint that we ask for or that they otherwise give to us, and
- c) us to give information about you or the complaint to another external dispute resolution scheme approved by the Australian Securities and Investments Commission (**ASIC**) or the Office of the Australian Information Commissioner (**OAIC**) if we consider that it is more appropriate for the other scheme to deal with the complaint.

We will only use the information about you or the complaint to review and investigate your complaint. As part of our normal activities, we may disclose information about you:

- a) to the person or business you are complaining about, their ACL and/or their AFSL,
- b) to a government or regulatory authority such as ASIC or OAIC,
- c) to another ASIC or OAIC-approved external dispute resolution scheme, and
- d) in accordance with compulsory legal process such as a court subpoena ('primary purpose').

We do not engage in direct marketing activities and will not provide your personal information to anyone for that purpose.

	Main consumer	Second consumer
Signature		
Date		

Company consumer (if applicable)		
Signature		
Name		
	Director / Sole Director and Secretary	Director / Secretary
Date		

Your privacy

We will only use or disclose your personal information for a purpose other than the primary purpose if:

- the secondary purpose is related to the primary purpose (and, if this is sensitive information about you, directly related to that primary purpose) and you would reasonably expect us to use or disclose the information for that secondary purpose,
- you have consented to the use or disclosure,
- we reasonably believe that the use or disclosure is necessary to lessen or prevent a serious and imminent threat to someone's life, health or safety or a serious threat to public health or public safety, or
- we have reason to suspect that unlawful activity has been, is being, or may be engaged in, and we use or disclose that information as a necessary part of reporting our concerns to relevant persons or authorities such as ASIC and OAIC.

A copy of our full privacy policy is available at www.cio.org.au or by calling us on 1800 138 422.

Third party authority

Please fill out this form if you want another person or company to represent you in managing this complaint.

	Main consumer	Second consumer
I /We		
authorise the third party representative named below to act on my behalf in this matter.		

Name and contact details of third party representative	
Organisation name	
Contact name	
Email	
Telephone	
Address	

I /we acknowledge and agree that, by signing this authority, I/we authorise CIO to disclose any information about this complaint to the third party representative named above.

	Main consumer	Second consumer
Signature		
Date		

Note
<p><i>If you have given us the name of a person who will represent you, we will send all correspondence to that person and not to you.</i></p> <p><i>If we cannot get in contact with that person, we may contact you using the main contact number that you gave on page 1 of this form.</i></p>