



## Complaint Form

Please complete this form if you have a complaint and attach any relevant documents. You can send or hand deliver this form to the FijiCare office at Level 9, FNPF Place, Victoria Parade, Suva or email to [complaints@fijicare.com.fj](mailto:complaints@fijicare.com.fj). If you have any queries regarding this form, you can contact our Compliance Officer on 3302717 or email on the above address.

### SECTION 1: COMPLAINANT DETAILS

NAME:

ADDRESS:

POLICY HOLDER NO. (if applicable):

PHONE:

EMAIL:

### SECTION 2: COMPLAINT DETAILS

The complaint relates to: (tick all appropriate box/s)

Claims

Finance

Marketing

Legal

Underwriting

IT

Human Resources/Administration

Other (if you selected other, please provide details)

What is the complaint about? (please insert all relevant details and attach relevant documents)

SIGNATURE:

DATE:

### SECTION 3: COMPLIANCE OFFICER [OFFICIAL USE]

DATE RECEIVED

DATE RESOLVED:

DETAILS:

SIGNATURE