



## Complaint Form

NSL values your feedback because it helps us to improve our efficiency and effectiveness. NSL follows the Complaints Handling Policy and is committed to ensuring that Complaints are dealt with fairly, promptly and in an efficient and confidential manner.

### 1. Information of Complainants

A Complaint should only be lodged if you have been unable to resolve your issue or concern informally. Complainants may be contacted and asked to provide additional information to support their Complaint. Please ensure to attach any documentation that supports your Complaint.

### 2. Personal details

|                    |                              |                               |                              |                               |                                |
|--------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| Title:             | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss | <input type="checkbox"/> Other |
| First Name:        |                              |                               |                              |                               |                                |
| Surname:           |                              |                               |                              |                               |                                |
| Current Employer:  |                              |                               |                              |                               |                                |
| Former Employer:   |                              |                               |                              |                               |                                |
| Membership Number: |                              |                               |                              |                               |                                |

### 3. Contact details

|                         |  |
|-------------------------|--|
| Current Postal Address: |  |
| Email address:          |  |
| Phone number:           |  |

### 4a. Complaint details

|  |                                  |                                  |                                 |                                      |                                 |
|--|----------------------------------|----------------------------------|---------------------------------|--------------------------------------|---------------------------------|
| Complaint Type:                                      | <input type="checkbox"/> Product | <input type="checkbox"/> Service | <input type="checkbox"/> People | <input type="checkbox"/> Third Party | <input type="checkbox"/> Others |
| Have you lodged a Complaint about this issue before? | <input type="checkbox"/> Yes     |                                  | <input type="checkbox"/> No     |                                      |                                 |
|  | If yes, when:                    |                                  |                                 |                                      |                                 |
| Have you lodged your Complaint to any other agency?  | <input type="checkbox"/> Yes     |                                  | <input type="checkbox"/> No     |                                      |                                 |
|  | If yes, when:                    |                                  |                                 |                                      |                                 |

| 4b. Complaint details:                                       |  |
|--|--|
| When it happened?  |  |
| Where it happened?   |  |
| Who was involved?  |  |
| What happened (Details of your Complaint)?                   |  |
|  |  |
| What would you like to see happen to resolve your Complaint? |  |
|  |  |

| 5. Acknowledgement of Lodged Complaint  |  |      |  |
|---|--|------|--|
| All the information provided above is true and correct to the best of my knowledge. |  |      |  |
| Signature   |  | Date |  |

| 6. Acknowledgement of Closed Complaint              |  |      |  |
|---|--|------|--|
| I certify that this Complaint is officially closed. |  |      |  |
| Signature   |  | Date |  |

| 7. Privacy notice  |  |
|--|--|
| We will only use the information collected on this form to resolve your Complaint and access will only be provided to authorized officers. |  |

| 8. Office Use Only     |   |
|------------------------|---|
| Acknowledging Officer: |   |
| Position:              |   |
| Complaint lodged:      | <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Postal <input type="checkbox"/> Email <input type="checkbox"/> Online |
| Reference No.          |   |
| Notes:                 |   |