

Personal

## **Complaints Form**

First Name																		
Surname			$\exists$														$\exists$	
Permanent Address			$\overline{}$															
City																	$\exists$	
Post Code																	=	
Email Address		$\overline{}$	$\exists$														$\exists$	
Home Phone																		
Mobile																		
Complaint	Pleas	se sta	te tl	he n	atur	e of	your	cor	mpla	int.								
	Pleas	se sta	te ti	ne na	atur	e oi	your	COr	пріа	ITIL.								

Please print clearly using capital letters in a blue or black pen. Please complete the relevant section fully.



## **Complaints Form**

## Complaints procedure

- 1. Complaint is lodged in writing and to HITO.
- 2. HITO will acknowledge the complaint within 3 working days.
- 3. HITO will investigate the complaint as required.
- 4. Once a decision has been reached, all parties involved will be advised of this in writing.

## **Complaint Application Checklist**

Submission of complaints must be made to either support@hito.org.nz or:

HITO Complaints PO Box 11764, Manners Street Wellington

$\checkmark$	Have you enclosed any supporting evidence towards this complaint?									
$\checkmark$	Have you signed and dated this complaint application?									
	Signature:									
	Date:									