

www.insolvency.govt.nz | 0508 INSOLVENCY | **0508 467 658**

Send your completed form to the Insolvency and Trustee Service at email applications@insolvency.govt.nz

Complaint Form

- > This form is for all complaints to the Insolvency and Trustee Service of the Ministry of Business, Innovation and Employment.
- > Send this completed form and all supporting documents relating to your complaint to applications@insolvency.govt.nz or by post to Private Bag 4714 Christchurch. Supporting documents will assist the processing of your complaint.
- > The Insolvency and Trustee Service is not required to act on every complaint it receives.

Your complaint

The individual or company you are complaining about is:

Name:

Insolvency Number:
(if known)

Their Contact Details: (if known)

Summary of your complaint

Include dates, names and phone numbers of witnesses, and any other relevant information.

List of supporting evidence attached:

- I.
- II.
- III.

Other information

If you have you filed a complaint with any other agencies, please indicate them here:

Agency:

Contact Person:

Date filed:

Agency:

Contact Person:

Date filed:

Your details - So that we can contact you for additional information if required.

- > The personal information that you provide in this complaint process will be used for the purposes of dealing with your complaint and will be handled by the Insolvency and Trustee Service.
- > In some circumstances it may be necessary to disclose your information under various laws including the Insolvency Act 2006, the Companies Act 1993, the Privacy Act 1993 and the Official Information Act 1982 or as otherwise permitted by law. If there is information that you wish to have protected, please ensure that you inform us of this requirement, including the reasons why.
- > The information provided within this complaint process is voluntary but if you do not provide all of the information as requested we may not be able to process your complaint.
- > **Please also note that we cannot guarantee that your identity will be able to be kept confidential.**

Name:

Daytime phone:

Email:

By signing this complaint form, you certify that the information you provide is true and correct to the best of your knowledge and belief and that you understand that your identity may need to be disclosed in certain circumstances.

Signature

Date

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