

## taikura trust complaints form ...

If you require any assistance with this form or wish to discuss your complaint, please phone us on 0800 Taikura (0800 824 5872)

### 1) Your details

Name:	NHI Number:	
Preferred postal address:		
Preferred telephone number(s)		
Home:	Work:	Mobile:
Are you a Taikura Trust client or are you writing on behalf of a client? If you are not the client please give clients details.:		

### 2) About your complaint

Tell us about your complaint. To help us deal with your complaint quickly, please give as much information as possible, including dates. Attach any documents you think are relevant.

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The information collected on this form will only be used to resolve your complaint. In the collection, use and storage of formation, Taikura Trust will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.



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#### 4) Signature of person with the complaint

Signed.....

Date...../...../.....

(Day) (Month) (Year)

#### 5) Signature of representative

If you have completed this form on behalf of someone you represent, please sign here.

Signed.....

Relationship to the Client.....

Date..... /...../.....

(Day) (Month) (Year)

**Note:** Please attach a written consent to act on behalf of the person you represent.

#### What to do next

Send the completed form to the address below. Remember to attach any documents you think are relevant.

Taikura Trust Complaints  
PO Box 23 054  
Hunter's Corner, Manukau City.  
Fax: 64 9 278 6315

Or email to [feedback@taikura.org.nz](mailto:feedback@taikura.org.nz)

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