

# Complaint registration form



We would like to resolve your complaint over the phone so please call customer service on **1300 650 873** to discuss the issue. If we can't reach an agreement over the phone, you can use this form to lodge a formal complaint.

For more information, please read *How to make a complaint* available at [aware.com.au](http://aware.com.au) or by calling us.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at [aware.com.au/forms](http://aware.com.au/forms).

If you have any questions, please call us on **1300 650 873**.

## 1. Your personal details

Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)	Date of birth	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime contact number	Mobile number	
<input type="text"/>	<input type="text"/>	
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as <code>employee_title@company.com.au</code> )		
<input type="text"/>		

Please contact me by:

- |   |   |
|---|---|
| <input type="checkbox"/> Daytime contact number | <input type="checkbox"/> Mobile (between <input type="text"/> am/pm and <input type="text"/> am/pm) |
| <input type="checkbox"/> Email                  | <input type="checkbox"/> Mail   |

## 2. Membership details

Please select X one:

- ☐ I am a current member of the fund
- ☐ I am a former member of the fund
- ☐ I am the authorised representative of a member (or former member)
- ☐ I am any other person or company

Please provide current member number and account number (or former member number and account number if known):

Member number	Account number
<input type="text"/>	<input type="text"/>

## 3. Complaint details



Please describe the nature of the complaint and attach additional pages if necessary. You should provide any documents and other information that may support the complaint and its resolution.





Please provide details of how you would like your complaint resolved.

## 4. Complaint resolution

## 5. Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit [aware.com.au/privacy](https://www.aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

## 6. Declaration

I declare that the information included on this form is a true and accurate representation of the events leading to this complaint.

I have read and understand the Aware Super privacy policy.

Signature

Date (DD-MM-YYYY)

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Please sign and date form here.



Send the form to this address.

## 7. Where to send your completed form

Return the completed form to **Aware Super Locked Bag 20129 Melbourne VIC 3001**. If you have any questions, please call us on **1300 650 873**.