



Dispute Form

Before the Financial Ombudsman Service can consider your dispute you need to have complained to the financial services provider your dispute concerns and given it an opportunity to resolve your dispute. It has 45 days to respond.

Action to date

Have you previously lodged or 'registered' this dispute with us?

- Yes, I have previously lodged or registered **this** dispute with the Financial Ombudsman Service. The case number is
- No, this is the first time I have lodged or registered this dispute with the Financial Ombudsman Service.

Applicant details

This section should be completed with the details of the applicant(s). The applicant is the person who is in dispute with the financial services provider (usually the customer). If the dispute is being lodged by a business or association the form must be completed in accordance with any rules governing its internal management (e.g. a company's constitution may require all directors to sign).

Applicant 1

Applicant 2

First name		Title		Title
Middle initial				
Family name				
Date of birth				
Address for writing to you				
			State	Postcode
			Daytime phone [^]	()
Mobile			Home phone	()
Email				

[^] Please provide your preferred contact number for us to use during business hours

Are you lodging a dispute on behalf of a business?

- Yes
- No

Business name		ABN	
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Agent or representative details

This section should only be completed if someone is acting on your behalf. If you appoint an agent or representative, they will be our point of contact and will be sent all correspondence related to your dispute.

The Financial Ombudsman Service provides a free service. There is no need for an applicant to be represented. Where an applicant chooses to be represented by another party, any cost incurred through this representation will usually be the responsibility of the applicant.

First name		Title	
Family name			
Relationship to you			
Address for writing to them			
		State	Postcode
Daytime phone	()	Fax	()
Email		Ref	

Financial services provider details

Name of the financial services provider you have a dispute with

Have you complained to the financial services provider about the issues in dispute?

Yes No

If so, when did you complain to the financial services provider?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Has your financial services provider responded to your complaint in writing?

Yes No

Dispute details

What sort of product or service is the dispute about (e.g. home loan, life or home insurance policy, investment product)?

If you have one available, please provide a reference number so that your financial services provider can locate the correct information (e.g. complaint number, claim number, account number, policy number).

FSP Reference No:

Please tell us what your dispute is about. If you have already told us about your dispute, please explain which issues have not been resolved. If you require more space, please enclose additional pages with this form.

What do you think is a fair and reasonable resolution to the dispute? If you are seeking payment of a sum of money please provide any relevant calculations of your claim/s.

Has the financial services provider commenced legal proceedings against you in a court?

- Yes No

Special needs

Will you need an interpreter to deal with the Financial Ombudsman Service? If so, what language?

- Yes No

Language

Will you need any other special assistance (e.g. for a hearing or vision impairment)?

Please specify

How you found out about us

How did you hear about the Financial Ombudsman Service?

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Another dispute resolution scheme (e.g. Superannuation Complaints Tribunal) | <input type="checkbox"/> Have always known about us |
| <input type="checkbox"/> Charity/church organisation | <input type="checkbox"/> Industry association (e. g. ABA, FPA, IFSA) |
| <input type="checkbox"/> Community centre/consumer representative | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Event/trade fair/presentation | <input type="checkbox"/> Legal Aid/free legal service |
| <input type="checkbox"/> Financial counsellor | <input type="checkbox"/> Media (e.g. newspaper/magazine) |
| <input type="checkbox"/> Financial planner | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Financial services provider I have a dispute with | <input type="checkbox"/> Phone directory |
| <input type="checkbox"/> Friend/family/colleague | <input type="checkbox"/> Solicitor/legal professional |
| <input type="checkbox"/> Government Agency (e. g. ACCC, ASIC, APRA) | <input type="checkbox"/> Welfare/migrant service |

Privacy

Please note that as part of our dispute resolution process, information you provide to us will be sent to your financial services provider. This is to ensure that all information related to the dispute is understood by each party involved. Our process is described in our *How to resolve your dispute* brochure. You should also read our *Managing your privacy* brochure. Our brochures are available at www.fos.org.au/brochures. Our full Privacy Policy can be found at www.fos.org.au/privacy. Should you have any queries regarding these please contact us on 1300 78 08 08.

Acknowledgement

I agree to my dispute being handled in accordance with the Terms of Reference of the Financial Ombudsman Service. Our Terms of Reference can be found at www.fos.org.au/tor.

If I have appointed a representative, I agree that they have authority to act on my behalf. I accept and understand that my financial services provider and the Financial Ombudsman Service will disclose information about my dispute to my representative.

I/ We have provided the above information with the knowledge and consent of the account holder / customer.

I/We accept and understand that information provided to the Financial Ombudsman Service about my dispute (including any sensitive information) will be sent to my financial services provider. I accept and understand that the financial services provider will disclose information about me to the Financial Ombudsman Service to respond to my dispute.

_____	_____	_____
Signature Applicant 1	Signature Applicant 2	Signature Agent
_____	_____	_____
Date	Date	Date

Survey

The Financial Ombudsman Service conducts surveys from time to time to understand how we can improve our services and information to consumers. Please let us know if you would like to be involved by selecting one of the responses below.

- YES I am happy to participate in surveys by the Financial Ombudsman Service
- NO I do not want to be contacted for surveys by the Financial Ombudsman Service

Supporting documents

Please attach copies of all documents you have that relate to your dispute. If your financial services provider has written to you about your dispute, please ensure that you provide a copy of its response.

Once complete please send this Dispute form together with all relevant details, documents and correspondence to:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Email: info@fos.org.au

<p>Office Use only Reference number:</p>
