



## Tell us about your complaint

This form can be submitted online, emailed, posted, faxed or handed to a staff member.

<b>Today's date</b>	__ / __ / ____
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### Your contact details

<b>Title</b>	Dr / Mr / Mrs / Ms / Miss (other please specify here _____)		
<b>First name</b>			
<b>Surname</b>			
<b>Address</b>			
<b>Phone/mobile</b>		<b>Email</b>	

### Which DPM service does the complaint relate to (please tick)

- Tax & Accounting     Finance     Insurance     Private Wealth     Self-Managed Super

### What is the problem and when did it occur?

### What do you believe has caused the issue?

### Have you raised your concern previously, with whom?

### How would you like us to remedy this?

Please provide any documentation you feel may assist with our review.

### Our contact details

Phone	03 9621 7028	Email	disputeresolutionmanager@dpmfs.com.au
Fax	03 9621 7100	Postal	PO Box 810 South Melbourne Vic 3205