



Tell us about your complaint

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

Today's date	__ / __ / ____
--------------	----------------

Your contact details

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

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 1800 376 376
Fax 03 9621 7100

Email disputeresolutionmanager@dpm.com.au
Postal PO Box 810 South Melbourne Vic 3205