

Details of the complaint cont.

Complaint Resolution

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

Declaration

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

Name (Print in BLOCK LETTERS)

Signature

Date

Return the completed form to:

The Complaints Officer
NT Superannuation Office
GPO Box 4675
DARWIN NT 0801

Email: ntsuperannuation@nt.gov.au
(please insert "To Complaints Officer" in the subject field).