



## LOG / REGISTER COMPLAINT REGISTRATION FORM

### COMPLAINANT INFORMATION

Name of complainant \*

Name of patient (if applicable) \*

Date of complaint \*

Name of staff member receiving and registering the complaint

Name of staff member whom the complaint has been directed

Identification of a repeat complaint (that is a repeat of an earlier complaint made by the same complainant)

### POLICY HOLDER INFORMATION

Policy detail (if an existing insured member) including policy number, member number, company name (if a corporate scheme) \*

### DEFINE YOUR PROBLEM

Category of complaint \*

- Claim Denial
- Unsatisfactory Claim details
- Billing Problem
- Premium Increase
- Claim Delay
- Refusal to insure
- Cancellation/Non-renewal
- Misrepresentation
- Poor Services

Detail of the complaint

### SOURCE OF COMPLAINT

Telephone \*

Email \*

Supporting document attached

- Yes  No