

LifeAssist. COMPLAINT RESOLUTION APPLICATION



engaging people

Employer:

Date:

CONTACT DETAILS OF PERSON LODGING THE COMPLAINT

If you are lodging the complaint on behalf of someone else, the person concerned must sign this form to authorise the investigation.

Name: Capacity:

Preferred method of contact: (Please mark the applicable box and provide detail)

landline: cell:

email: fax:

COMPLAINT RELATING TO: (Please mark the applicable box and provide detail)

Employee Name: Employee number:

Dependent Name: Date of Birth:

COMPLAINT

Case No.: (to be provided by LifeAssist)

Date of first contact with LifeAssist relating to this matter:

Date of service resulting in the complaint:

Have you brought this to the attention of anyone at LifeAssist yet?

No This is the first time I am lodging a complaint relating to this case.

Yes Name of LifeAssist employee: Date:

TYPE OF ENGAGEMENT RELATING TO THIS COMPLAINT: (Mark the applicable box/boxes)

Telephone Email e-Support Face-to-Face SMS

Details of the complaint: (If there is insufficient space, kindly attach the additional information to this form.)

I hereby authorise LifeAssist to investigate this incident and acknowledge that this might involve access to data, case notes and voice recordings relating to the case under review.

Name: **Signature:** **Date:**

I hereby permit LifeAssist to provide feedback regarding process to:

I understand that LifeAssist will not divulge any confidential information without an *Authority for Release of Information*.

PLEASE FAX/EMAIL THIS COMPLETED FORM TO [011 912 1254](tel:0119121254)/help@lifeassist.co.za