Complaint Resolution Form

Emotional Financial Physical Trauma HIV Legal

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:

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

☐ Employee Employee number:

☐ Dependent 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 the process to:

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

Please call the LifeAssist Care Centre **0800 NTHUSE (684873)** to inform us of this complaint.

EMAIL the completed form to **help@lifeassist.co.za** (If you cannot use a digital signature, then please print, scan and return via email).