

Dispute Form



Before the Financial Ombudsman Service can consider your dispute, you need to have complained to the financial services provider and given it an opportunity to resolve your dispute. In most cases, it has 45 days to respond.

Action to date

Have you previously lodged or 'registered' this dispute with us?

- ☐ Yes, I have previously lodged or registered this dispute with the Financial Ombudsman Service. The case number is
- ☐ No, this is the first time I have lodged or registered this dispute with the Financial Ombudsman Service.

Applicant details

This section should be completed with the details of the applicant(s). The applicant is the person who is in dispute with the financial services provider (usually the customer). If the applicant is a company or association, the form must be completed by someone who is authorised to act on behalf of the company or association.

Applicant 1

Applicant 2

First name		Title		Title
Middle initial				
Family name				
Date of birth				
Postal address				
			State	Postcode
Mobile			Home phone	()
Email			Work phone	()
<input type="checkbox"/> Please tick here if one or more of the applicants identifies as being of Aboriginal and/or Torres Strait Islander origin				

Are you lodging the dispute on behalf of a business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business name		ABN	
How many employees did the business have at the time of the event(s) giving rise to the dispute?			

Representative details

This section should only be completed if you wish to appoint someone to act on your behalf in dealing with us.

If you appoint an agent or representative, they will be our point of contact and will be sent all correspondence related to your dispute.

The Financial Ombudsman Service provides a free service. There is no need for an applicant to be represented. Where an applicant chooses to be represented by another party, any cost incurred through this representation will usually be the responsibility of the applicant.

First name			Title	
Family name				
Relationship to you				
Postal address				
			State	Postcode
Daytime phone	()	Fax	()	
Email			Ref	

Financial services provider details

Name of the financial services provider you have a dispute with

Have you made a complaint to the financial services provider?

☐ Yes ☐ No

If so, when did you complain to the financial services provider?

If your dispute concerns a decision made in relation to an insurance claim, the date recorded here should be the first date you informed the insurer that you are not satisfied with its assessment of the claim, and that you want the decision reviewed.

DayMonthYear

Since you made a complaint, have you received a written response from the financial services provider explaining its final position in relation to your complaint? (If so, please attach a copy).

☐ Yes ☐ No

Dispute details

What sort of product or service is the dispute about (e.g. home loan, life or home insurance policy, investment product)?

Please provide a reference number so that your financial services provider can locate the correct information (e.g. policy number, account number, complaint reference).

Reference No:

Please tell us what your dispute is about. If you have already written to us about your dispute, please explain which issues have not been resolved. If you require more space, please enclose additional pages with this form.

What do you think is a fair and reasonable resolution to the dispute? If you are seeking payment of a sum of money please provide any relevant calculations of your claim(s).

Has the financial services provider commenced legal proceedings against you in a court?

- ☐ Yes ☐ No

Special needs

Will you need an interpreter to deal with the Financial Ombudsman Service? If so, what language?

- ☐ Yes ☐ No

Language

Will you need any other special assistance (e.g. for a hearing or vision impairment)?

Please specify

How you found out about us

How did you hear about the Financial Ombudsman Service?

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Another dispute resolution scheme (e.g. Superannuation Complaints Tribunal) | <input type="checkbox"/> Government Agency (e. g. ACCC, ASIC, APRA) |
| <input type="checkbox"/> Charity/church organisation | <input type="checkbox"/> Have always known about us |
| <input type="checkbox"/> Community centre/consumer representative | <input type="checkbox"/> Industry Association (e.g. ABA, FPA, IFSA) |
| <input type="checkbox"/> Event/trade fair/presentation | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Financial Counsellor | <input type="checkbox"/> Legal Aid/free legal service |
| <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Media (e.g. Newspaper/magazine) |
| <input type="checkbox"/> Financial Services Provider I have a dispute with | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Friend/Family/Colleague | <input type="checkbox"/> Phone directory |
| | <input type="checkbox"/> Solicitor/legal professional |
| | <input type="checkbox"/> Welfare/migrant service |

Authority

The applicant(s) authorise the Financial Ombudsman Service, the financial services provider and any representative appointed by the applicant(s) to exchange information about the applicant(s), including any relevant sensitive information, for the purpose of dealing with the dispute. If the Financial Ombudsman Service determines that it is appropriate to refer the dispute to another dispute resolution service or financial services provider, the applicant(s) authorise the Financial Ombudsman Service to do this.

For general information on how we deal with information provided to us, our privacy policy can be found at www.fos.org.au/privacy.

Our dispute handling process is governed by our Terms of Reference. Our Terms of Reference can be found at www.fos.org.au/tor.

_____ Signature Applicant 1	_____ Signature Applicant 2	_____ Signature Representative
_____ Date	_____ Date	_____ Date

Survey

From time to time the Financial Ombudsman Service contacts people to ask whether they would like to provide feedback about FOS services. This will help us understand how we can best improve as an organisation. If you do not wish to be contacted by FOS to provide such feedback, please tick the box below.

☐ I/We do not wish to be contacted by FOS for the purposes of providing feedback

Supporting documents

Please attach copies of all documents you have that relate to your dispute. If your financial services provider has written to you about your dispute, please ensure that you provide a copy of its response.

Once complete please send this Dispute form together with all relevant details, documents and correspondence to:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Email: info@fos.org.au

Office Use only Reference number:
