

**FORM 809**  
Financial Recoveries – Initial Assessment Form



**Important Note:**

**Please ensure that all possible measures to resolve your concerns with the Financial Institution in question have been attempted before proceeding. All cases are assessed individually, and we offer no guarantee should you engage our service(s).**

Please complete the following to the best of your ability to help us evaluate and formulate the best course of action for your circumstance:

<b>1. COMPLAINANT CONTACT DETAILS</b>	
Who are you filing this complaint for? (Circle)	Myself / Joint / Someone Else / Business / Other
Complainant First Name or Business Name:	
Complainant Surname:	
Complainant Phone:	
Complainant Email:	

<b>2. FINANCIAL INSTITUTION YOUR COMPLAINT IS WITH</b>	
Financial Institution Name:	
Financial Institution ACN or ABN:	
Type of Institution (Circle):	Shares / Managed Funds / Currency Trading / CFD / Other

<b>3. COMPLAINT HISTORY WITH FINANCIAL INSTITUTION</b>	
Have raised your concerns with the institution directly? (Circle)	Yes / No
What was the date of your last communication with the institution?	
How many attempts did you make with the institution to resolve your concerns?	
What type of communication(s) were used to voice your concerns? (Circle)	Email / Phone / In-Person / Government / Legal / SMS

**4. COMPLAINT DESCRIPTION**

Nature of your complaint: (Circle)

Advice / Fees / Misconduct / Service / Other

Please provide a full description of the complaint you have with this financial institution, including any attempts you made to resolve your concerns:

**5. OUTCOME SOUGHT**

Are you seeking financial compensation?

Yes / No

If so, how much are you seeking?

\$ \_\_\_\_\_

In a few words, please describe what you believe would be a fair and reasonable outcome?

**6. SIGN & AUTHORIZE TO PROCEED**

Signature:

\_\_\_\_\_  
Sign Here

Name:

Date:

Signature by (Circle):

Complainant / Representative