



Client Feedback and Complaint Form

We appreciate your effort in bringing your concerns to our attention. Please fill out this form completely to enable us to address your complaint swiftly and equitably. Submit the completed form to your VIB contact. Further contact information is available at www.vib.co.nz.

Complainant Information

Name(s) of Complainant(s)

Client Information

Business Name (if applicable):

Title: Mr / Mrs / Ms / Miss

First Name:

Last Name:

Physical / Mailing Address:

Preferred Contact Number:

Email:

Policy Information (VIB can assist with these details)

Insurer Name:

Venture Insurance Brokers Branch Location:

Policy Number:

Policy Type:

Policy Expiry Date:

Disputed Amount (if applicable):

Complaint Details

Description of complaint (please provide any supporting documents if these have not already been provided):

What resolution are you seeking? (if not already advised)

Have you raised this issue with another organisation? If yes, please provide details:

Have you previously raised a complaint with VIB? If yes, please provide details:

Privacy Act 2020 Statement

The information you submit will be used by Venture Insurance Brokers Ltd (VIB) exclusively to investigate your complaint and for record-keeping after resolution. To support the investigation, we may need to share your details with the relevant insurer or a third party, unless you instruct us otherwise. Under the Privacy Act 2020, you have the right to access and correct your personal information.

Client Signature(s):

Date:
