

## SMSF ASSOCIATION MEMBER COMPLAINT FORM

Please complete the below form in full to make a complaint against a member of the SMSF

omplainant Details			
Name			
Address			
Suburb	State	Post Code	
Email		1	
Phone	Mobile		
Member Details			
Name			
Company			
Address			
			1
Suburb  Actions taken to resolve the matt	State er	Post Code	
Actions taken to resolve the matt Specify any actions taken to reso	er  Ive the matter directly with the member	and their response	
Actions taken to resolve the matt Specify any actions taken to reso	er	and their response	lies a



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ossible. Ensure that	any supporting do	cumentation is p	provided where a	pplicable)	noviding as much
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## **Authority to Act**

I/we authorise the SMSFA to provide a copy of this complaint, supporting documentation and any subsequent information provided in relation to the complaint to the member.

I/we understand and authorise that the SMSFA may, for the purpose of investigating the complaint, seek and gain access to any of my/our files, records and other documentation held by the member. I/we further authorise the SMSFA to collect, use and disclose, as is necessary for the purpose of the investigation, any and all information provided to the SMSFA in relation to this complaint.

I/we have read and understand the above authority to act and request that the IPA investigate this complaint against the member.

If applicable, I/we hereby authorise the following person to act on my/our behalf.

Name			
Address			
Suburb	Sta	te	Post Code
Email		·	
Phone	Mo	bile	
		<u> </u>	
Complainant's Signature			
Signature		Date	

Please forward your completed complaint form and all supporting documentation to:

complaints@smsfassociation.com

OR

Complaints Officer SMSF Association PO Box 3296 RUNDLE MALL SA 5000