

Part Three: Who have you spoken to about your complaint? (If applicable)

Name(s) of the person(s) you have spoken to	
What was their response?	

Part Four: Who should we contact? (If applicable)

Who should we contact about this complaint? (Please tick one)	<input type="checkbox"/> Contact the Complainant	(Go to Part Seven)
	<input type="checkbox"/> Contact the Representative (If any)	(Go to Part Five)

Part Five: Representative Details. (If you elect to have somebody represent you)

Please enter the representative's contact details in the following fields

Title (Please Circle)	Mr/Mrs/Ms/Dr		
Representative Name		Relationship to you	
Physical Address		Home Ph	
		Work Ph	
		Mobile	
Email		Fax	

Part Six: The complainant must fill out the following fields in this form

I agree that any information about this complaint may be communicated to my representative.	Full Name	
	Signature	
Date		

Part Seven: Submit this form to Hawera Finance

Contact Details

Mail: PO Box 238, Hawera 4640
 Phone: (06) 278 0042
 0800 76 86 96
 Fax: (06) 278 9195
 Email: admin@hawerafinance.com
 Website: www.hawerafinance.com