



Tell us about your complaint

This form can be submitted online, emailed, posted, faxed or handed to a staff member.

Today's date	__ / __ / ____
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Your contact details

Title	Dr / Mr / Mrs / Ms / Miss (other please specify here _____)		
First name			
Surname			
Address			
Phone/mobile		Email	

Which DPM service does the complaint relate to (please tick)

Tax & Accounting Finance Insurance Private Wealth Self-Managed Super

What is the problem and when did it occur?

What do you believe has caused the issue?

Have you raised your concern previously, with whom?

How would you like us to remedy this?

Please provide any documentation you feel may assist with our review.

Our contact details

Phone 1800 376 376
Fax 03 9621 7100

Email disputeresolutionmanager@dpm.com.au
Postal PO Box 810 South Melbourne Vic 3205