

# Dispute form

## 1. Personal details: Applicant

Please tick here if one or more of the Applicants identifies as being of Aboriginal or Torres Strait Islander origin\*.

\* This question is optional

By ticking this box you give FOS permission to consider your dispute according to our policy on enhancing access for Aboriginal and Torres Strait Islander peoples.

### Applicant 1

### Applicant 2

|                | Applicant 1 | Applicant 2 |
|----------------|-------------|-------------|
| Title          |             |             |
| First name     |             |             |
| Family name    |             |             |
| Date of birth  |             |             |
| Postal address |             |             |
| State          |             |             |
| Postcode       |             |             |
| Mobile phone   |             |             |
| Daytime phone  |             |             |
| Email          |             |             |

Please complete the details of the Applicant(s).

The **Applicant** is the person who has the complaint and is in dispute with the Financial Services Provider (FSP).

If the Applicant is a company or association, the form must be completed by someone who is authorised to act on behalf of the company or association.

If you are working with a representative, please record their personal details on page 2.

## 2. Business details

Are you lodging the dispute on behalf of a business?

Yes       No (go to question 3)

What is your relationship to the business? eg owner, employee

Business name: \_\_\_\_\_

ABN: \_\_\_\_\_

Number of employees the business had at the time of the event(s) giving rise to the dispute: \_\_\_\_\_

FOS can consider disputes on behalf of small businesses.

A **small business** is defined as a business having:

- Less than 100 employees if the business is, or includes the manufacturing of goods; or
- In any other case, less than 20 employees.

### 3. Personal details: Authorised representative

Only complete this section if you choose someone to act on your behalf in dealing with us.

|                                      |  |          |  |
|--------------------------------------|--|----------|--|
| First name                           |  | Title    |  |
| Family name                          |  |          |  |
| Organisation name<br>(if applicable) |  |          |  |
| Relationship to you                  |  |          |  |
| Postal address                       |  |          |  |
| State                                |  | Postcode |  |
| Daytime phone                        |  |          |  |
| Email                                |  |          |  |

If you choose a **representative**, the representative and any organisation they work for will be our point of contact for you and we will send them all correspondence related to your dispute.

FOS provides a **free service**. You do not need to be represented, but you can ask someone to help you. This might be someone from your family or a free financial counselling service. If your representative charges you a fee, you will usually have to pay this cost yourself.

### 4. Financial Services Provider details

Name the Financial Services Provider you have a dispute with:

Have you made a complaint to this Financial Services Provider?

Yes       No (go to question 6)

If so, when\* did you complain to the Financial Services Provider?

\* If you do not know the exact date, please make an estimate.

To check whether your financial services provider (FSP) is a member of FOS call **1800 367 287** or use the search function on our homepage. [www.fos.org.au](http://www.fos.org.au)

If you have not previously complained to your financial services provider, in most cases they will have 45 days to respond to you.

### 5. How did you make your complaint?

For example: I called and spoke to someone in the call centre.

Briefly state how you complained. Include how you made your complaint, who you spoke to, the phone number you rang, or the email address you used.

Since you made a complaint, have you received a final response in writing?

Yes       No

If you have received a final response in writing from your FSP, please attach a copy, if available.

## 6. Dispute details

What sort of product or service is the dispute about?

Describe the product type(s) (eg home loan, life or home insurance policy, investment product).

FSP reference number(s) if available:

This will help your FSP to locate the correct policy number / account / complaint etc.

What is your dispute is about?

If you need more space, please enclose additional pages with this form.

## 7. How can we help?

What do you think is a fair and reasonable resolution to the dispute?

If you are seeking payment of a sum of money please provide any relevant calculations of your claim(s).

## 8. Legal / court proceedings

Has your Financial Services Provider commenced legal proceedings against you in a court?

- Yes       No

There are limits on an FSP's ability to take enforcement action or any further steps in current legal proceedings where an Applicant has lodged a dispute with FOS.

## 9. Additional assistance

Will you need an interpreter to communicate with the Financial Ombudsman Service? If so, what language?

- Yes       No      Language: \_\_\_\_\_

FOS provides a telephone interpreter service free of charge.

Is there any additional assistance we can provide?

- |  |   |
|--|---|
| <input type="checkbox"/> Cognitive condition | <input type="checkbox"/> Physical impairment    |
| <input type="checkbox"/> Hearing             | <input type="checkbox"/> Sight/vision           |
| <input type="checkbox"/> Literacy            | <input type="checkbox"/> Text telephone         |
| <input type="checkbox"/> Mental health       | <input type="checkbox"/> Other (describe below) |

This is an opportunity for you to tell us about how we can help you communicate with us.

Description:

A FOS staff member will contact you if you indicate here that you may need assistance. We will discuss with you how you would prefer to communicate with us and any other help we can provide.

## 10. How did you hear about FOS?

- |   |   |
|---|---|
| <input type="checkbox"/> I already knew about FOS | <input type="checkbox"/> Financial Services Provider        |
| <input type="checkbox"/> Community organisation   | <input type="checkbox"/> Legal Aid / community legal centre |
| <input type="checkbox"/> Family / friend          | <input type="checkbox"/> Media / advertising                |
| <input type="checkbox"/> Financial Counsellor     | <input type="checkbox"/> Online / social media              |

## 11. Authority

The Applicant(s) authorise the Financial Ombudsman Service (FOS), the Financial Services Provider (FSP), any representative appointed by the Applicant(s) and any organisation named in association with that representative, to exchange information about the Applicant(s), including any relevant sensitive information, for the purpose of dealing with the dispute.

If multiple disputes are lodged by the Applicant(s) against different FSPs, the Applicant(s) authorise relevant information to be exchanged between those FSPs by FOS. If FOS determines that it is appropriate to refer the dispute to another dispute resolution service or FSP, the Applicant(s) authorise FOS to do this.

For general information on how we deal with information provided to us, our **privacy policy** can be found at [www.fos.org.au/privacy](http://www.fos.org.au/privacy).

Our dispute handling process is governed by our **Terms of Reference**. Our Terms of Reference can be found at [www.fos.org.au/tor](http://www.fos.org.au/tor).

## 12. Signatures

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Signature Applicant 1

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Signature Applicant 2

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Signature Representative

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Date

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Date

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Date

## 13. Survey - help us to improve our service

From time to time we (or someone on our behalf) might contact you for feedback (you do not have to give your name). If you do not want to be contacted, tick the box below.

Do not contact me for feedback

Your **feedback** about our services will help us understand how we can improve as an organisation.

## 14. Supporting documents

Once complete please send this dispute form, together with all relevant details, documents and correspondence to:

Financial Ombudsman Service  
GPO Box 3  
MELBOURNE VIC 3001  
Email: [info@fos.org.au](mailto:info@fos.org.au)

Please attach copies of all documents that are relevant to your dispute. If your FSP has written to you about your dispute, please ensure that you provide a copy of its response.

### Document Checklist - this list is provided as a guide\*

- |  |   |
|--|---|
| <input type="checkbox"/> Completed and signed dispute form (including representative's signature, if applicable) | <input type="checkbox"/> Copy of written response from your FSP (if applicable) |
| <input type="checkbox"/> Copy of Statement of Claim (where legal proceedings have commenced)                     | <input type="checkbox"/> Copy of any other documents relevant to your dispute   |

\* For a full Document Checklist, visit [www.fos.org.au/checklist](http://www.fos.org.au/checklist)