



**SMSF ASSOCIATION MEMBER COMPLAINT FORM**

Please complete this form in full to make a complaint against a member of the SMSF Association (SMSFA).

**Complainant Details**

Name					
Address					
Suburb		State		Post Code	
Email					
Phone		Mobile			

**Member Details**

Name					
Company					
Address					
Suburb		State		Post Code	

This complaint relates to an existing, proposed or previous SMSF

Yes		No	
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**Actions taken to resolve the matter**

Specify any actions taken to resolve the matter directly with the member and their response
Specify any complaints in relation to this matter lodged with other organisations or regulatory bodies and their response



Provide details of any legal proceedings in relation to the complaint and the stage of the proceedings or outcome

**Details of your complaint**

(Please set out the circumstances giving rise to your complaint in chronological order and providing as much detail as possible. Ensure that any supporting documentation is provided where applicable)

**List of supporting documentation**



**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 SMSFA investigate this complaint against the member.

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

Name					
Address					
Suburb		State		Post Code	
Email					
Phone		Mobile			

**Declaration**

I/we declare that all of the information provided by me/us in connection with this complaint is true, complete and accurate.

<b>Complainant's Signature</b>		
	Date	

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

[complaints@smsfassociation.com](mailto:complaints@smsfassociation.com)

OR

Complaints Officer  
SMSF Association  
PO Box 3296  
RUNDLE MALL SA 5000