

# NZ DRIVER LICENSING (1998) LIMITED

## CUSTOMER COMPLAINT REPORT

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ Town and Branch: \_\_\_\_\_

Testing Officer's Name: \_\_\_\_\_

Complainant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Driver Licence Number: \_\_\_\_\_

Test Type - (Circle one): On Road Safety Test      Restricted      Full      Other

### DESCRIPTION OF COMPLAINT (PROBLEM)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please write any additional information on a separate page)

**Please forward this form to:** NZ Driver Licensing (1998) Limited  
P O Box 22634  
Christchurch

**or fax to:** (03) 365 9906

If your complaint has not been acknowledged either by a personal phone call or letter within three days, we have not received your complaint and you should write to the above address.

**Agent:** \_\_\_\_\_ **Place:** \_\_\_\_\_

This form was posted/faxed to NZDL Christchurch at (Time & Date):

**Print Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Received Christchurch:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Acknowledged (Letter or Phone)** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Forwarded to:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Letter to Complainant advising result:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Corrective action report required:** \_\_\_\_\_ **No**    **Yes**    **Number:** \_\_\_\_\_

**Attached to National Register** \_\_\_\_\_ **Date:** \_\_\_\_\_