Complaint Notification

I wish to make a complaint in relation to the Fund as it relates to my entitlements as set out below.

Section 1: Policy Holder's Details

Member #	Name:		
Address:			
Suburb:		State: NSW	Post Code:
Home Phone:		Mobile:	
Email:			

Complaint

The nature of my complaint is set out as follows:
(Please detail your complaint by attaching any relevant documents)

Signature: ×

Date / /

Please return to: ACA Health Benefits Fund to info@acahealth.com.au OR Locked Bag 2014 Wahroonga NSW 2076