

**COMPLAINTS HANDLING FORM (USE FOR ALL TYPES OF COMPLAINT)**

**COMPLETE THIS FORM ELECTRONICALLY**

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| **PART 1: FOR COMPLETION BY THE MANAGER** |
| **Notify the Compliance Officer by email that a complaint has been received and then continue to complete this form** | Notified |
| [ ]  |
| 1 | Date complaint received: |       |
| 2 | Name of person receiving complaint: |       |
| 3 | Name of complainant: |       |
| 4 | Entity to which the complaint relates: |       |
| 5 | Relationship of the complainant to the entity: |       |
| 6 | Entity risk status: | High | [ ]  | Standard | [ ]  | Low | [ ]  |
| 7 | Method of complaint (written/verbal, etc.): |       |
| 8 | Attach a copy of the written complaint / file note to this form: | Confirmed | [ ]  |
| 9 | Nature of the complaint: |       |
| 10 | If the complainant is an investor in a fund, confirm the Compliance Officer and Client Director have notified the respective Board, if no please provide rationale: |       |
| 11 | Name of Manager | Signed | Date |
|       |       |       |

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| **PART 2: FOR COMPLETION BY THE CLIENT DIRECTOR (OR DEPARTMENT HEAD)** |
| 12 | Consider if this is to be treated as a formal complaint (discuss with the Department Head if necessary): | Yes | No - (Go to point 16 then file on correspondence file.) |
| [ ]  | [ ]  |
| 13 | Along with existing risk matters, consider if there has been a likely regulatory breach, litigation or insurance matter and consider if a risk escalation is required. | Comments: |
|       |
| 14 | Advise the Compliance Officer of the details of complaint and confirm if the matter will be risk escalated and include / attach the following:-1. A scanned copy of part 1 of this form; and
2. b) A copy of the written complaint / file note.
 | Confirmed | [ ]  |
| Complaint Ref (to be provided by R&C): |       |
| 15 | Confirm if a Recommendation for Risk Escalation has been completed in accordance with the Risk Escalation Procedure: | Yes | N/A |
| [ ]  | [ ]  |
| 16 | If the entity is listed on The International Stock Exchange (TISE), consider if it’s appropriate to advise them  | Yes - advised | N/A – not advised |
| [ ]  | [ ]  |
| 17 | Name of Director | Signed | Date |
|       |       |       |

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| **PART 3: FOR COMPLETION BY THE DEPARTMENT HEAD** |
| 18 | Name of designated Complaint Handler |       |
| 19 | Notes/Comments |       |
| 20 | Name of Department Head | Signed | Date |
|       |       |       |
| Pass form to Complaint Handler | [ ]  |

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| **PART 4: FOR COMPLETION BY THE COMPLAINT HANDLER** |
| 21 | Complete the proposed completion date for each of the following and initial once completed:- |
| **Action** | Proposed date | Task set up? | Completed (initial) |
| (a) | Written response to complainant - within **FIVE** working days of receipt of complaint – acknowledging their complaint has been received and is being considered: |       | [ ]  |       |
| (b) | Task set up for three months from the date of complaint: |       | [ ]  |       |
| (c) | Internal investigation to be completed: |       |       |       |
| (d) | Response to complainant following investigation: |       |       |       |
| (e) | Resolution of complaint (within 3 months of receipt of complaint): |       |       |       |
| 22 | Scan this form completed so far and relevant documents to R&C, evidencing how the complaint will be managed. | Confirmed | [ ]  |
| 23 | Investigation findings (attach notes if more convenient or if more space required): | Comments | Notes attached |
|       |       |
| 24 | Proposed action to resolve matter: |       |
| 25 | Updates / progress (*ensure the complainant is kept informed on the progress of their complaint, including details of the action being taken to resolve it*): |       |
| 26 | (Additional) tasks set if required: | Yes | N/A |
| [ ]  | [ ]  |

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| **Resolution of Complaint** |
| 27 | 1. Has the complaint been resolved satisfactorily within three months of receipt?
 | Yes (go to 32) | No |
| [ ]  | [ ]  |
| 1. If No, and there is a requirement to do so, notify the relevant Regulator **promptly** in writing.
 | Confirmed | [ ]  | There is no requirement in jurisdiction to notify the regulator | N/A [ ]  |
| 28 | Advise R&C by e-mail and include / attach the following where applicable:-1. a copy of the written notification to the Regulator;
2. a copy of this form completed so far; and
3. Any other relevant documents.
 | Confirmed | [ ]  |
| 29 | E-mail acknowledgement received from R&C and a copy attached to this form: | Confirmed | [ ]  |
| 30 | Provide periodic updates to the Regulator in writing if applicable |       |
| 31 | Confirm to the Regulator, in writing, when the complaint is considered closed. | Confirmed | [ ]  |
| 32 | Advise the complainant in writing when the complaint is considered closed. *Where the complaint has not been upheld by JTC, clearly state the reason(s) for rejecting the complaint.* | Confirmed | [ ]  |
| 33 | Provide details of any compensation or compromise agreed with the complainant. |       |

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| ***IN THE EVENT OF LEGAL PROCEEDINGS ALL DOCUMENTATION MAY BE TAKEN INTO ACCOUNT. CARE SHOULD BE TAKEN IN COMMITTING ANY PERSONAL VIEWS ON THE MERITS OF A COMPLAINT, OR OTHERWISE, IN WRITING.*** |

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| **Acknowledgement of the complaint and its resolution** |
| 34 | Ensure all relevant documents are attached to this form: | Confirmed | [ ]  |
| 35 | Name of Complaint Handler | Signed | Date |
|       |       |       |
| 36 | Name of Manager | Signed | Date |
|       |       |       |
| 37 | Name of Client Director: | Signed | Date |
|       |       |       |
| 38 | Name of Department Head: | Signed | Date |
|       |       |       |

**THIS FORM AND ALL RELEVANT DOCUMENTS TO BE PASSED TO RISK & COMPLIANCE**

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| **PART 5: FOR COMPLETION BY COMPLIANCE OFFICER** |
| 39 | Compliance Officer comments (if applicable) |
|       |
| 40 | Name of Compliance Officer | Signed | Date |
|       |       |       |

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| **PART 6: FOR COMPLETION BY R&C ADMIN** |
| 41 | Ensure points 1 – 38 have been answered | Confirmed | [ ]  |
| 42 | Update Complaints Register with updates / completion date / compensation details if applicable: | Confirmed | [ ]  |
| 43 | Name of R&C Officer | Signed | Date |
|       |       |       |

**THIS FORM AND ALL RELEVANT DOCUMENTS TO BE FILED IN THE COMPLAINTS FILE**