If you are dissatisfied with our service, or any of our products have disappointed you, we would like to hear about it.

***Your views are very important to us***

Tell us why you think our service or products do not match your expectations, or that we have made a mistake. When we receive your complaint, a competent team, specifically trained to handle and resolve complaints, will investigate it and try to

resolve it as soon as possible in a fair manner.

**STEP 1: Where to complain:**

 Your nearest Sasfin office



Complete a *Complaint form* at [www.sasfinhrs.co.za](http://www.sasfinhrs.co.za)

complaints@sasfinhrs.co.za



OR

info@sasfinhrs.co.za.co.za

***Telephone Fax***



Sasfin HRS (011) 840-6000 011 840 6001

**How we will take care of complaints**

 First, we will acknowledge receipt of the complaint.

 We will give you the contact details of the person who will deal with the complaint.

 Then we will investigate the complaint and try to resolve it in a fair manner.

 Once we have dealt with your complaint, we will learn from the experience and improve our offerings to you where possible.

**STEP 2: Complain to the Compliance Officer if you are dissatisfied**

If the complaint has not been resolved to your satisfaction, you may refer it to the **Compliance Officer,** an impartial person that investigates disputes between dissatisfied clients and Sasfin HRS.

**Contact details of the Compliance Officer**

Tel: (011) 233-2629

E-mail: compliance@sasfinhrs.co.za or andrew@ajlgroup.co.za

**STEP 3: Complain to an external ombudsman if you are still dissatisfied**

If the Compliance Officer’s answer also does not satisfy you, you may send your complaint to the relevant Ombudsman:

|  |  |
| --- | --- |
| **Advice complaints** | **Service / product complaints** |
| **The Fais Ombud**Tel: 012 470 9080Fax: 012 348 3447E-mail: info@faisombud.co.zaWebsite: [www.faisombud.co.za](http://www.faisombud.co.za/) | **The Ombudsman for Short Term****Insurance**Tel: 011 726 8900Fax: 011 726 5501E-mail: info@osti.co.zaWebsite: [www.osti.co.za](http://www.osti.co.za) |

***Please use this form to tell us what you are dissatisfied about.***

**Your personal information**

Title: Mr. Mrs. Miss Ms. Prof. Dr. Rev. *Please mark the applicable option.*

First names \_

Surname

Identity number

Postal address

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

Postal code

Residential address

Postal code

E-mail address

Contact numbers: Home ( ) Cell

Work ( ) Fax ( )

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How would you like us to contact you? | E-mail |  |   |  | Phone |  |   |  | *Please mark the option you prefer.* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | SMS |  |   |  | Letter |  |   |  | Fax  |  |   |  |

**What are you dissatisfied with?**

A service A product *Please mark all the applicable options.*

Advice Other

Please give the Policy Reference Number, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us in your own words what you are dissatisfied about.**

**How would you like us to resolve the problem?**

***Note****: If there is not enough space on this page, you may attach an additional page. Please also attach any supporting documents.*