

Complaints form

You can use this form to make a complaint.
For example, if you think that we have failed to follow our own processes, or you feel we have not treated you in a professional manner.
You can also include any supporting information relevant to your complaint.

**Once you have completed this form,
please send it to:**

Central Feedback Team
Immigration New Zealand
15 Stout Street
PO Box 1473
Wellington 6140

Date:

Representative details

First name:

Middle name:

Last name:

Your relationship to complainant:

Complainant details

First name:

Middle name:

Last name:

Date of birth:

Passport number:

Nationality on passport :

Preferred contact person:

Complainant Representative

Preferred method of contact:

Email Mail

Email address:

Contact phone number:

Postal address:

Your INZ details

INZ Client number (if known):

INZ Application number: (if your complaint is about a specific visa application and you know the application number)

Expression of Interest (EOI) number: (If your complaint is about a specific EOI and you know the EOI number)

Details of complaint

Affected family members

If your complaint is about an issue that also affected others, for example, family members, provide their details below.

First name:

Last name:

INZ Client number (if known):

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

Affected family members (continued)

If your complaint is about an issue that also affected others, for example, family members, provide their details below.

First name:

Last name:

INZ Client number (if known):

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you: