

**COMPLAINT AGAINST A FRANCHISE  
ASSOCIATION OF NEW ZEALAND INC MEMBER**

**Complainant Contact Details:**

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Franchise Association Member Contact Details:**

Name: \_\_\_\_\_

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

**Brief Description of Alleged Misconduct or Breach**

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

Continue on separate page if necessary

**Using the Association's Codes and/or Rules identify which Rule/s and/or section/s of the Codes have allegedly been breached:**

\_\_\_\_\_

Have you formally notified the Member of this complaint Yes  No

Has the member responded to your notification?  
(If yes, please attach response to this form) Yes  No

Have you referred the complaint to any other body Yes  No

Have legal proceedings commenced? Yes  No

I acknowledge that the Franchise Association's complaints process does not provide for monetary recompense.

I agree that the member may provide my personal information to the Franchise Association when responding to this complaint

**Signature of Complainant:** \_\_\_\_\_  
\_\_\_\_\_

Franchise Association of New Zealand Inc  
Level 1, 399 Khyber Pass Road, Newmarket, Auckland  
Tel: (09) 523 4452 Fax: (09) 523 4446

For Association use:  
DATE JOINED / /  
**MEMBERSHIP CURRENT**  
YES/NO