



Request to use Talk – Meet – Resolve

Use this form to request to use our *Talk – Meet – Resolve* service.

Information About You

We need basic contact information in order to correctly identify you and begin your dispute resolution process.

My Full name is: _____

Title	First Name(s)	Last Name
-------	---------------	-----------

My Email address is: _____

My Phone number is: _____

Information about the issue

We need to know some preliminary information about the issue that has arisen with ACC and what steps (if any) have been taken to try and resolve this.

ACC Claim Number (if known)

Brief Overview of the Problem (or what you'd like to discuss at conciliation)

(If you have already lodged a review application or a complaint with ACC, please provide the review or complaint number if known)

Confirmation of Request

By completing this form, I confirm that I have provided this information in order for Talk Meet Resolve and ACC to contact me with regard to Conciliation. I agree to Talk – Meet – Resolve's required Terms and Policies [www.talkmeetresolve.co.nz/policies]

Write your name or sign

Date