



Request to use Talk – Meet – Resolve

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

Information About ACC Client

We need basic contact information in order to correctly identify the ACC client and begin the dispute resolution process.

Full name is: _____
Title First Name(s) Last Name

Email address is: _____

Phone number is: _____

Information about representative

If you're a representative completing this request, you are acknowledging that you have the ACC clients permission to request to use this service

Advocate [] Informal Representative [] Lawyer []
(Family / Whānau Member) (with practicing certificate)

Representative name: _____

Representative email address: _____

Representative phone number: _____

Have you completed an Authority to Act? Yes / No

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