

GRIEVANCE FORM

IMPORTANT: PLEASE READ THIS SECTION FIRST

What is the purpose of this form and what process must I follow?

- If you have a medical aid query, please contact the Administrator's client service department for the speedy resolution of your query.
 - Telephone: **0800 001 607** (SA) or **+27 21 480 4610** (Namibia)
 - Email: **enquiries@bpmas.co.za**
- If your query has not been resolved to your satisfaction, you may complete this form for referral of a grievance to the Board of Trustees at its next quarterly meeting.

Submission of this form formalises your grievance and provides a standard format to assist you in providing the required details to the Board of Trustees.

Who should complete this form?

Any member of the Society who is of the opinion that his/her query/complaint has not been satisfactorily resolved by the Society's Administrator and wishes to lodge a grievance with the Board of Trustees may complete this form.

Where do I send the completed form?

- **Post:** The Principal Officer, BP Medical Aid Society, PO Box 6006, Roggebaai 8012; or
- **Email:** **janine.daniels@bp.com**

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

DETAILS OF THE COMPLAINANT REFERRING THE GRIEVANCE

Membership number	<input type="text"/>
First name and surname	<input type="text"/>
Date of birth	<input type="text"/> (DD/MM/YYYY)
Postal address	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Contact telephone number	<input type="text"/>
Email address	<input type="text"/>

DETAILS OF MY GRIEVANCE

My query/complaint was referred to the client service department on (DD/MM/YYYY) and remains unresolved.

I request that the matter be referred to the Board of Trustees for resolution. Here are the details of my grievance (please attach a copy of your original query if it was submitted in writing to the client service department and attach any correspondence received from this department):

DETAILS OF MY GRIEVANCE (CONTINUED)

Signed at on the day of 20 .

Signature	<div style="border: 1px solid black; height: 100px;"></div>	Date	<input type="text"/> DD/MM/YYYY
------------------	-------------------------------------------------------------	-------------	------------------------------------