

# 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](mailto: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](mailto:janine.daniels@bp.com)

## 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"/>	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 as follows (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: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD/MM/YYYY)