**Tell us about you**

We will only use your contact details to respond to you and won't share these details with anyone else without gaining your consent. If you wish to remain anonymous, please leave these fields blank.

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Your Email Address\* |  |
| Phone number |  |
| Mobile phone number |  |
| Street address |  |
| City |  |
| State/Region |  |

**How can we contact you?**

A representative will contact you about your complaint if you choose. Please enter the details of how you would like us to connect with you.

1. **Preferred Contact Method**

Phone

Email

Letter

No further contact required.

1. **Preferred Contact Time**

None

Anytime

Morning

Afternoon

1. **Comments**

**Help us understand your complaint**

If your complaint relates to an order, please provide us with your order number. It is OK to leave this blank if you don’t have an order number.

1. **Complaint Type**

Product Quality

Delivery Issue

Communication Problem

Other

1. **Order Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Merchant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Are you making this complaint on behalf of another person?**

Yes  No

**Tell us about your complaint**

1. **Please provide specific details of your complaint**
2. **Briefly describe the outcome you are seeking.**

**Consent to contact a Third Party**

For the purposes of investigating your complaint we may need to contact a third party, including the person or body you may have complaints about. Do you agree to allow Plan Access to contact them and to disclose any personal or related information that may be necessary to allow up to fully investigate your concerns?

Yes  No

Care Access is committed to protecting and respecting your privacy, and we’ll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. If you consent to us contacting you for this purpose, please tick below to say how you would like us to contact you:

I agree to receive other communications from Care Access.