

Complaints form

You can use this form to make a complaint.
For example, if you think that we have failed to follow our own processes, or you feel we have not treated you in a professional manner.
You can also include any supporting information relevant to your complaint.

Once you have completed this form, please send it to:

Central Feedback Team
Immigration New Zealand
15 Stout Street
PO Box 1473
Wellington 6140

Date:

Your general details

First name:

Middle name:

Last name:

Date of birth:

Passport number:

Nationality on passport:

Contact phone number:

Postal address:

Your INZ details

INZ Client number (if known):

INZ Application number: *(if your complaint is about a specific visa application and you know the application number)*

Expression of Interest (EOI) number: *(if your complaint is about a specific EOI and you know the EOI number)*

Details of complaint

Affected family members

If your complaint is about an issue that also affected others, for example, family members, provide their details below.

First name:

Last name:

INZ Client number (if known):

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

Affected family members (continued)

If your complaint is about an issue that also affected others, for example, family members, provide their details below.

First name:

Last name:

INZ Client number (if known):

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you:

First name:

Last name:

INZ Client number:

Relationship to you: