

# Complaint form

The completed Complaint Form, with each page signed and dated, may be scanned and emailed to the Programme Manager at **BCScertification@dairynz.co.nz** or posted to Programme Manager BCS Assessor Certification Programme, DairyNZ, Private Bag 3221, Hamilton 3240.

## YOUR DETAILS:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Physical address, if different from postal: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## COMPLAINT AGAINST:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certification ID, if known: \_\_\_\_\_ Phone number: \_\_\_\_\_

Trading As / Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

## CONTRACT INFORMATION:

Did you enter into a contract to have the services provided to you? Yes / No

If "Yes" was the contract in writing or verbal? Written / Verbal

Name of individual or company you contracted with: \_\_\_\_\_

Date of contract (dd/mm/yyyy): \_\_\_\_\_ Date BCS service provided (dd/mm/yyyy): \_\_\_\_\_

## WORK PERFORMED:

Type of scoring:

Subset of mob with no individual Cow ID (e.g. 70 cows scored out of the Mob)

Whole mob with Cow ID (all individuals in Mob are scored and recorded)

Specified cows with ID

Other \_\_\_\_\_

\_\_\_\_\_ (Detail)

## PRIMARY PURPOSE OF SCORING:



- Farm planning
- Sale or purchase of animals
- Provision of data for absentee owners or governance purposes
- Other \_\_\_\_\_ (Detail)
- Pre-transport scoring
- Grazier contract
- Research

**PLACE OF SCORING**

- In the paddock
- As cows leave the milking shed
- Other \_\_\_\_\_ (Detail)
- In the farm dairy – rotary / herringbone
- Walking through a race/gate

**NATURE OF COMPLAINT**

Provide a concise explanation of your complaint. Attach supporting documents, for example – copies of the BCS report provided, contracts, correspondence.

What happened? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What was the outcome? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did this outcome not meet your needs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What action do you want taken? \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ (first and last name) certify on this day,  
 \_\_\_\_\_ (day and month) \_\_\_\_\_ (year) that I believe that the information contained  
 herein is true and correct to the best of my knowledge and I am prepared to verify this in court if warranted.

Signature of complainant:

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Complaint No: \_\_\_\_\_

