



**Australian Government**  
**Private Health Insurance**  
**Administration Council**

# Whistleblower feedback form About PHIAC

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## About you (optional)

Name

Address

Telephone number

Email address

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## What is your information/complaint about?

Please set out in 500 words or less what your feedback is about.

If you have been speaking with someone at PHIAC about your concerns, please include their name.