



Australian Government
Private Health Insurance
Administration Council

Whistleblower feedback form

About you (optional)

Name

Address

Telephone number

Email address

Name of organisation/person your complaint is about

What is your information about?

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

Where you have an account, policy or benefit number relevant to your concerns, please include the details and the precise name of the insurer. If you have been speaking with someone in the insurer about your concerns, please include their name and contact number.