

Complaint Submission Form

This form should be used to submit a new complaint. Please send any additional information to us by email, fax or post (see page 4). If you need assistance completing this form, please telephone us on +44 (0)1534 748610 or +44 (0)1481 722218. The information you provide will be collected, used and stored in accordance with our policy as set out at www.ci-fo.org/privacy-statement.

Contact Details	Complainant 1	Complainant 2
Title		
First name		
Middle initial		
Last name		
Date of birth		
Preferred postal address (including postcode)		
Telephone daytime		
Telephone home		
Telephone mobile		
Fax		
Email address		

Are you making this complaint on behalf of a business, trust or a charity?

Yes No

If yes, please give the following details,

For a small business / enterprise, please show (at the time of the event that led to this complaint)

Its full official name	
Number of employees	
Annual turnover	

For a charity, please show

Its full official name	
Address	
Annual turnover in the last financial year	

Are you making this complaint on behalf of someone else?

Yes No

Do you wish to add a representative (e.g., a solicitor, family member or friend) to act on your behalf in dealing with us?

Yes No

If yes, please add the contact details for your representative

Name	
Preferred postal address (including postcode)	
Telephone daytime	
Telephone mobile	
Fax	
Email address	
Their relationship to you	

Details of complaint

Name of financial services provider
Any reference number (such as account number, policy or claim number, agreement number)
What kind of financial product or service are you complaining about?
What did your financial services provider do or fail to do that led to your complaint? Please provide details.
When did this occur?
What do you believe you have lost as a result of the actions of your financial services provider?
If there is a financial loss you are claiming and you know the amount, please enter it here (please specify the currency).
What do you think would be a fair and reasonable resolution to your complaint?
Have you already complained to your financial services provider about this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, when did you complain to them?
Have you completed the internal complaint resolution process of your financial services provider (i.e., have you received a final written response from them or have three months passed since you sent your complaint to them)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the final response.

Accessibility and practical needs

Do you have any practical needs where we could help – by making adjustments like using large print, Braille or a different language?

Yes No

If yes, please tell us how we can help you.

Additional information (optional)

How did you hear about CIFO?

Link from another organisation’s website <input type="checkbox"/>	Your financial services provider <input type="checkbox"/>
Friend/colleague/family member <input type="checkbox"/>	Search engine (e.g., Google) <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	

Please read and sign this declaration

“I would like the Channel Islands Financial Ombudsman (CIFO) to look into my complaint and to the best of my knowledge I have given accurate information.

I understand that you will contact the financial services provider and you have my permission to ask them for information about my complaint and to share information that I give you with them and other relevant organisations, in accordance with CIFO’s [privacy statement](http://www.ci-fo.org) (www.ci-fo.org).

I understand that a determination relating to my complaint may be published, with details of my identity removed, but that most cases can be resolved before this stage.

I understand that you usually resolve complaints by telephone, letter and email.

I understand that to improve your service, you may ask me about my experience of CIFO. And while you may publish anonymous complaint summaries, you will always keep my details confidential.”

Signed: _____

Signed: _____

Date: _____

Date: _____

(This must be signed by the complainant(s), rather than the person complaining on their behalf)

Please submit this completed form by email, post or fax to:

Email:	complaints@ci-fo.org	Fax:	+44 (0)1534 747629
Post:	Channel Islands Financial Ombudsman P O Box 114 JERSEY, Channel Islands, JE4 9QG		