

## Complaint Submission Form

This form should be used to submit a new complaint. Please send any additional information to us by email or post (see page 4). CIFO are usually unable to review your complaint unless you have first complained to your financial service provider and 3 months have passed or if they have given you a final response letter in that time. If you have any questions regarding the above or 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 <https://www.ci-fo.org/privacy-statement/>.

<b>Contact Details</b>	<b>Complainant 1</b>
Title	
First name	
Last name	
Date of birth	
Preferred postal address (including postcode)	
Telephone daytime	
Telephone home	
Telephone mobile	
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 provide the following details (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	

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Are you making this complaint on behalf of someone else?

Yes ☐ No ☐

Is there a second complainant?

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 to any of the above, please add the contact details for the second complainant or your representative

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

### **Details of complaint**

Name and location 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 for and you know the amount, please enter it here (specify amount)?
What do you think would be a fair and reasonable resolution to your complaint?
When did you first complain to your financial services provider about this matter?  (The business has <b>3 months</b> from this date to send you its final response – <b>before</b> we can investigate your complaint.)
Have you received a final written response from them or have 3 months passed since you sent your complaint to them)?  Yes <input type="checkbox"/> No <input type="checkbox"/>

Please tick to confirm that you have provided a copy of the final response

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### **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.

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### **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"/>	

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### **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 <https://www.ci-fo.org/privacy-statement/> (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 or post to:**

Email:	<a href="mailto:complaints@ci-fo.org">complaints@ci-fo.org</a>
Post:	Channel Islands Financial Ombudsman P O Box 114 JERSEY, Channel Islands, JE4 9QG