



Financial Services
Ombudsman

Our Ref No.

Policy No.....

Claim No.

Account No.....

COMPLAINT FORM

Please take care filling out this form as the information contained in it will be used in the investigation of your complaint and will be copied to the Financial Service Provider.

YOUR DETAILS

Name(s):

Address:

Date of Birth: Occupation:

Email:

Contact Telephone Number(s):

Details of the **FINANCIAL SERVICE PROVIDER (FSP)** you are complaining about

Name of FSP:

Address of FSP:

Policy/claim Numbers(s):

or Account Number(s):

Description of product or service you are complaining about:

If you are complaining on behalf of **AN INCORPORATED BODY** i.e. a limited company, with an annual turnover of **€3 million or less**, please provide the name of the company and the annual turnover for the financial year prior to which complaint is made to Financial Services Ombudsman.

Name of Company: Annual Turnover* €

**The Bureau will need evidence from you about this figure. If the figure is more than €3 million, the Bureau will not be able to examine your complaint*

If you have asked **SOMEONE ELSE (e.g. a solicitor or relative) TO COMPLAIN TO US ON YOUR BEHALF** please give their details here. Please note that all future correspondence will be sent to this person on your behalf.

Name:

Address:

Contact Telephone Number(s):

Email: Reference No. (if applicable):

Nominated Medical Professional to whom medical data may be copied if necessary

Name:

Address:

Contact Telephone Number(s):

Email:

CHECKLIST

Is, or has, your complaint been the subject of legal proceedings, before a court or tribunal? YES NO

If you have answered YES, please give details here: _____

Has the conduct complained of occurred more than 6 years before the complaint is made? YES NO

If you have answered YES, please give details here: _____

BRIEF SUMMARY OF YOUR COMPLAINT

What is your complaint? (You may enclose a supplementary account on a separate page if necessary and any other relevant documentation or letters in support of your case. There is no need to repeat details already put in a letter to the Ombudsman.)

How would you like your complaint resolved?

Data Protection Acts 1988 & 2003

The Financial Services Ombudsman’s Bureau will treat all information submitted in accordance with the purposes registered under the Data Protection Acts 1988 & 2003.

YOUR PERMISSION TO GO AHEAD

“I would like the Financial Services Ombudsman to consider my complaint. I understand that:

- you will need to handle personal details about me, which could include sensitive information (e.g. relating to health, employment, financial matters etc), in order to deal with my complaint effectively
- you will exchange information about my complaint with the Financial Service Provider and where appropriate with your nominated medical professional
- you may publish examples, based on real cases, but without mentioning the identities of those involved”

Signature

Date

Signature

Date

The Complainant(s) must sign here, even if someone else is complaining on his/her behalf. If the dispute concerns a policy or account which is in joint names, this complaint form must be signed by both holders.

Please Return to:

Financial Services Ombudsman’s Bureau
3rd Floor
Lincoln House
Lincoln Place, Dublin 2

Lo-Call: 1890 88 20 90
Tel: 01 6620899
Fax: 01 6620890
Email: enquiries@financialombudsman.ie
Web: www.financialombudsman.ie