

Reference No:	

COMPLAINT FORM

Please read the Explanatory Guide before completing this form. If you still have any questions please contact the Scheme using the contact details at the end of this form.

1a. Your details

Surname:

Date of birth:

Title:

If someone else is complaining on your behalf, please give **your** details in this section and **their** details in section 1b.

First name(s):

Occupation:

revious occupation)				
Address (for correspondence):				
Daytime phone:				
Email address:				
We will contact you by letter but if you would prefer that we use email please tick this box				
1b. Representative				
If you have asked someone else (e.g. a friend, relative or lawyer) to complain to us on your behalf, please give their details here				
Representative's name:				
Address (for correspondence):				
Their Ref:				
Email address:				

Please note all future correspondence will be sent to your representative, although in certain circumstances we may write to you direct.

2. Details of the supplier on the Isle of Man you think is responsible for your complaint.			
Name of business:			
Address (including postcode):			
Your account number and sort code or policy number or claim number or other reference:			
3. Details of the adviser or company which originally sold or a service you are complaining about. (Please note unless this part Man we cannot consider complaints about its actions / advice.)			
Name:			
Address (including postcode):			
Phone number:			
4. Description of the product or service you are complaining a	about		
Please give the name and type of account, policy etc:			
Time limits apply to your complaint so we need to know these dates. (See Explanatory Guide for details)	Davis	Mandle	Vasu
When did the problem you are complaining about happen?	Day	Month	Year
When did you first become aware of the problem?			
When did you first complain to the business?			
Have there been any court proceedings relating to your complaint or are any court proceedings planned?	Yes*/N	lo	
Have you contacted any regulator or other complaints body about your complaint?	Yes*/N	lo	
*If you have answered yes to either of these questions please give de	etails here:		

6. Please tell us more about your complaint: Please list the main details of your complaint, clearly and concisely.
Please list the main details of your complaint, clearly and concisely.
(If you need more space please continue on a separate sheet and attach to the form)

7. Your losses

Please state any financial loss you have suffered, explaining how you calculated this amount and provide documentary evidence to support this. The Scheme is primarily concerned with actual financial loss but if you wish to claim for $\underline{\text{material}}$ distress or inconvenience please provide details but note most awards are in the region of £50 to £300

Note: the Scheme only has the power to award up to £150,000			
8. The supplier's response			
Have you received the supplier's final decision on your complaint in writing. If Yes please enclose a copy with this form.	ng? Yes/No		
(Please remember you <u>must</u> have complained to the supplier before we can look at your complaint. Suppliers have up to 8 weeks to investigate and issue a final response to your complaint.)			
How would you like the supplier you are complaining about to put the ma	atter right for you?		
9. Personal Data			
The Office of Fair Trading, as operator of the Financial Services Ombudsman Scheme, is a controller for the purposes of the 2018 Data Protection Legislation and requires the information on this form to comply with its legal obligations under the Financial Services Act 2008. Your personal information will be held by the OFT for the purposes of processing this application.			
Details of how and why the OFT processes your personal information are contained in our privacy policy, found here: https://www.gov.im/oft . The OFT Data Protection Officer can be contacted on (01624) 686781 or by email at DPO-OFT@gov.im			
10. Before you sign please tick that you have:			
Completed all the sections of this form.			
Enclosed a copy of the supplier's final letter to you.			
Enclosed copies of any other relevant documentation.			
Included everything you want to tell us about your complaint.			

11. Your signature

I/We confirm that the information I/we have put on this form is true and accurate to the best of my/our knowledge.

I/We would like the Financial Services Ombudsman Scheme to consider my/our complaint and understand that:

- the Scheme will contact the supplier and has my/our authority to exchange information about my/our case;
- the Scheme may publish examples of cases you have handled but without identifying those involved;
- the Scheme handles complaints in a different way to the courts, not usually requiring people to attend hearings in person but resolving disputes by correspondence; and
- determinations made by an adjudicator under the Ombudsman Scheme are binding, so I/we cannot take my/our complaint on to court if unsuccessful except on a point of law.
- my personal information will be held by the Scheme for the purposes of processing this application only.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For complaints involving accounts or policies held in more than one name each person needs to sign. Where a complaint is being made on behalf of a Trust including a Self-Invested Personal Pension, each of the trustees should sign this form. If there are more trustees than the space above allows for please print off an additional copy of this page for signature and attach to the form.

You need to sign this form even if you have appointed someone else to complain to us on your behalf.

Please return this signed and completed form to the postal or email address quoted below along with a copy of the supplier's final decision letter and copies of relevant documents.

We are committed to equality in our service; if you have specific needs in regard to how we may best communicate with you, please contact us to discuss this.

The Financial Services Ombudsman Scheme for the Isle of Man Thie Slieau Whallian, Foxdale Road, St John's, Isle of Man IM4 3AS British Isles Tel:+44 (0) 1624 686500

Fax: +44 (0) 1624 686500

E-mail: ombudsman@iomoft.gov.im

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