



Date:

ABOUT THE COMPLAINANT

CASE REF:

Name:

Account Address:

Daytime Contact:

Alternative Contact:

Fax Number:

E-Mail Address:

Correspondence Address:

How would you prefer us to contact you?

ABOUT YOUR SERVICE PROVIDER

Company name:

Account Number:

Date problem first occurred:

Date complaint made:

Contact names (if any):

Complaint reference (if any):

Service Type



ABOUT YOUR COMPLAINT

CASE REF:

Billing Back Billing

DO NOT FORGET:

- We will decide as soon as possible whether your complaint is within our Terms of Reference and whether we can deal with it. We will let you know as quickly as we can.
- Include copies of all relevant papers regarding the complaint. Any evidence that you fail to submit at this point is unlikely to be considered later.
- Quote your unique Case Reference number on all documents.
- Sign and return one copy, keeping the other for your files – you will need this for your Case Reference number.
- Unless the Ombudsman rules that information given to the Service shall not remain confidential, all information provided in confidence shall be kept confidential.



Please investigate my complaint. I am happy for you to share any information I provide to you with my Service provider.

By signing this form I also give permission for my Service provider to release to you any information they hold about me or my accounts which may be relevant to your investigation of my complaint

Print name Signature

Date/...../.....

The information that we collect will only be processed in relation to your complaint; or to improve service quality.