



COMPLAINT FORM

Details of complaint to be submitted to the Financial Services Ombudsman Scheme for the Isle of Man.
Please remember that you must have complained to the person or firm that supplied you with financial services first (the “supplier”) before we can look at your complaint.

1a. Your details

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

Surname:	
Title:	First name(s):
Date of birth:	Occupation:
Address (including postcode):	
Daytime phone:	Fax:
Email address:	

1b. Representatives

If you have asked someone else (eg. a friend, relative or advocate) to complain to us on your behalf, please give their details here

Representative's name:	
Address (including postcode):	
Daytime phone:	Fax:
Email address:	
Their reference (if applicable):	

Do you wish us to correspond with this person instead of you? Yes/No

2. Details of the supplier you are complaining about

Name of supplier:
Address (including postcode):
Phone Number:
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 arranged the product or service you are complaining about (if different from the supplier in section 2)

Name:
Address (including postcode):
Phone number:

4. Description of the product or service you are complaining about

Please give the name and type of account, policy etc:

	Day	Month	Year
When did the problem you are complaining about happen?			
When did you first become aware of the problem?			
When did you first complain to the supplier?			
Have there been any court proceedings relating to your complaint or are any court proceedings planned?	Yes*/No		
Have you contacted any regulator or other complaints body about your complaint?	Yes*/No		

*If you have answered yes to either of these questions please give details here:

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5. Please sum up your complaint for us in a couple of sentences:

6. Please tell us more about your complaint:

Please list the main points of your complaint, clearly and concisely.

It will help if you can list in date order all the relevant meetings, letters and phone calls.

(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 in consequence. If you believe you have suffered distress, inconvenience or other non-financial consequence, please explain.

8. The supplier's response

Have you received the supplier's final decision on your complaint in writing? Yes/No

(Please note suppliers have up to 12 weeks to investigate and issue a final response to your complaint)

If yes, please send us a copy of the supplier's letter with this form

How would you like the supplier you are complaining about to put the matter right for you?

9. Your signature

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

- i. you will contact the supplier and you have my authority to exchange information about my case
- ii. you may publish examples of cases you have handled but without identifying those involved
- iii. you handle complaints in a different way to the courts, not usually requiring people to attend hearings in person but resolving disputes by correspondence
- iv. determinations made by an adjudicator under the Ombudsman Scheme are binding, so I cannot take my complaint on to court if unsuccessful."

Signature_____ Date_____

(you need to sign this even if you have appointed someone else to complain to us on your behalf)

Please return this signed and completed form to us. Please remember to include a copy of the supplier's final decision letter and copies of relevant documents.

The Financial Services Ombudsman Scheme for the Isle Of Man
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