Ombudsman um Sheirbhísí Airgeadais
Financial Services Ombudsman

FSOB Ref No:

FSOB Complaint Form

Please be aware that this is an important document for the handling of your complaint. Please ensure the Form is filled in correctly before forwarding to this office.

Section A:

Please give us your details and the details of anyone complaining with you - PLEASE FILL IN BLOCK CAPS

Complainant 1

Title: Mr./Mrs./Ms./Other *(please state)* ____ M ____ F ____

Full Name: ____

Occupation: ____

Date of Birth: D D M M Y Y Y Y

Daytime Phone: ____

Mobile: ____

Do you require any special assistance *(e.g. hearing or vision impairment)* **Yes** ☐ **No** ☐

if yes, please specify _____

Complainant 2

Title: Mr./Mrs./Ms./Other *(please state)* ____ M ____ F ____

Full Name: ____

Occupation: ____

Date of Birth: D D M M Y Y Y Y

Daytime Phone: ____

Mobile: ____

Do you require any special assistance *(e.g. hearing or vision impairment)* **Yes** ☐ **No** ☐

if yes, please specify _____

FSOB Ref No:

Address for correspondence:

Email for correspondence:

*(Please confirm, by ticking the appropriate answer, if you prefer to be contacted by email. **Note,** only routine letters will be sent by email, any personal documentation will be sent by post)*

Yes ☐ **No** ☐

If you have asked SOMEONE ELSE *(e.g. a professional advisor 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 and not your address listed above. **Please read notice in Section E.**

Name:

Address:

Professional advisor ☐ other ☐

Phone Number:

E-mail:

*(Please confirm, by ticking the appropriate answer, if you prefer to be contacted by email. **Note,** only routine letters will be sent by email, any personal documentation will be sent by post)*

Yes ☐ **No** ☐

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Section B:

If you are complaining on behalf of a business:

Business Name:

Are you a: *(please tick one box)*

- ☐ **Sole trader**
- ☐ **Limited Company**
- ☐ **Partnership**
- ☐ **Other** *(please state)*

If you ticked any of the above mentioned boxes please provide audited accounts which confirm the annual turnover for the financial year prior to which the complaint is made to Financial Services Ombudsman. 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.

Section C:

Details of Financial Service Provider(s) *(e.g. Bank, Insurance Company, Broker, etc)* you are complaining about

Financial Service Provider Name(s):

Name & Type of Product / Service you are complaining about
(e.g Mortgage, Life Insurance Policy, Investment, etc):

Account or Policy number:

When was the product sold?: *(if you cannot provide the precise date, please clarify the month and year)*

D	D	M	M	Y	Y	Y	Y

When did the advice, service or transaction you're complaining about take place:
(if you cannot provide the precise date, please clarify the month and year)

D	D	M	M	Y	Y	Y	Y

(Please note that time limits may apply, for instance we are not permitted to examine your complaint if the conduct complained of occurred over 6 years ago)

Has the product been sold to you by a person other than the Financial Service Provider named above? **Yes** ☐ **No** ☐
If so, please provide name and details of that provider or person.

Section D: Your Complaint

FSOB Ref No:

Please describe the complaint in **your own words**
(you may use bullet points, or a separate sheet if necessary).

How do you want the Financial Service Provider to put things right?
If you are seeking payment of a sum of money please provide any relevant calculations.

Section E:
Medical Evidence

FSOB Ref No:

If your complaint relates to medical issues please note that in the course of an investigation this office may receive medical evidence from the Provider which may contain sensitive detail.

If you do not wish this medical evidence to be sent directly to you (or if you have completed Section A, if you do not wish this medical evidence to be sent to your nominated representative) you have the option to instruct this office to send it instead to a nominated medical professional, by ticking this box and completing the section below to identify your nominated medical professional.

Please send medical evidence to my nominated medical professional ☐

Nominated Medical Professional to whom medical evidence may be sent:

Name:

Address:

Phone Number:

Section F: Final Checklist

(please tick the relevant option)

FSOB Ref No:

Have you reviewed the notice on Medical Evidence at Section E ?	YES ☐	NO ☐
Have you given your occupation? (Section A)	YES ☐	NO ☐
Have you confirmed when the policy/product was sold and who it was sold by (Section C)	YES ☐	NO ☐
Have you described your complaint and desired resolution in your own words? (Section D)	YES ☐	NO ☐
Is, or has, your complaint been the subject of legal proceedings, before a court or tribunal, or are legal proceedings pending?	YES ☐	NO ☐

If you have answered YES, please give details: _____

_____

_____

Has your complaint been subject to Arbitration previously?	YES ☐	NO ☐
Is the dispute between you and any other person other than the Financial Service Provider?	YES ☐	NO ☐
Have you attached a copy of all relevant documentation from the Financial Service Provider which supports your complaint?	YES ☐	NO ☐
Have you ever registered a complaint with the FSOB before? If ticking YES - Ref No:	YES ☐	NO ☐
We may, from time to time, contact you to carry out surveys or questionnaires with regard to our service. Please confirm if you are happy to partake in such surveys.	YES ☐	NO ☐

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Section G: Declaration

The Financial Services Ombudsman 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 Service Ombudsman's Bureau 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 my/our nominated medical professional
- You may publish examples, based on real cases, but without mentioning the identities of those involved

Signature Complainant 1:

Date: D D M M Y Y Y Y

Signature Complainant 2:

Date: D D M M Y Y Y Y

You need to sign here, even if someone else is complaining on your behalf. If the dispute concerns a policy or account which is in joint names, this Form must be signed by both holders.

Biúró an Ombudsman um Sheirbhísí Airgeadais
Urlár 3, Teach Lincoln, Plás Lincoln, Baile Átha Cliath 2

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

Íos-ghlao/Lo-Call: 1890 88 20 90 **Teil/Tel**: + 353 (1) 6620899 **Faics/Fax:** + 353 (1) 6620890

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