



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

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: (if retired state previous occupation)
Address (for correspondence):	
Post Code:	Daytime phone:
Email address:	

We will contact you by letter unless you specify you would prefer us to use e-mail.

## 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):	
Daytime phone:	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 arranged the product or service you are complaining about. (Please note unless this party operates in or from the Isle of 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 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)

	Day	Month	Year
When did the problem you are complaining about happen?	<input type="text"/>	<input type="text"/>	<input type="text"/>

When did you first become aware of the problem?	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------

When did you first complain to the business?	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

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:

--

**5. Please sum up your complaint for us in a few sentences so we understand the issues involved. This box must be completed.**

**6. Please tell us more about your complaint:**

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 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? Yes/No

If Yes please enclose a copy with this form.

**(Please remember you must 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 matter right for you?

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. ☐

## 9. 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:

- you will contact the supplier and you have my/our authority to exchange information about my/our case;
- you may publish examples of cases you have handled but without identifying those involved;
- you handle 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.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

For complaints involving accounts or policies held in more than one name each person needs to sign.

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 and note that faxed and emailed copies are not acceptable. Please remember to include a copy of the supplier's final decision letter and copies of relevant documents. These supporting documents can be faxed or e-mailed.

**The Financial Services Ombudsman Scheme for the Isle of Man**

**Government Building,**

**Lord Street,**

**Douglas,**

**Isle of Man IM1 1LE**

**British Isles**

**Tel: +44 (0) 1624 686500**

**E-mail: [ombudsman@iomoft.gov.im](mailto:ombudsman@iomoft.gov.im)**

**[www.gov.im/oft](http://www.gov.im/oft)**

All phone calls to the Financial Services Ombudsman Scheme telephone number are recorded.