



FSPO Complaint Form

**This is an important document.
Please ensure the Form is filled in correctly before sending to this office.**

Section A: PLEASE USE BLOCK CAPITALS

Complainant 1 Title: Mr./Mrs./Ms./Other (please state) M F

Full Name:

Address:

 Eircode:

Occupation:

Date of Birth:

Phone Number:

If this complaint concerns a policy or account which is in joint names, this form needs to be signed by both account holders or policyholders, with details of the second complainant noted below.

Complainant 2 Title: Mr./Mrs./Ms./Other (please state) M F

Full Name:

Address:

 Eircode:

Occupation:

Date of Birth:

Phone Number:

If there are two addresses provided above, please select one for use:

Eircode:

Email:

Please note that email is our preferred method of communication for routine correspondence

If you wish **SOMEONE ELSE** (e.g. a professional advisor or relative) to represent you in this complaint, please give their details here.

Please note that all future correspondence will be sent to this person only.

Name:

Address:

 Eircode:

Professional advisor

Other (please state)

Phone Number:

E-mail:

Please note that email is our preferred method of communication for routine correspondence

***Accessibility and practical needs**

Do you require any special assistance? **Yes** **No**

Do you have any practical needs where we could help? **Yes** **No**

If YES, please tell us how we can help you:

If you are complaining on behalf of a business:

Business Name:

Are you a: (please tick one box)

Sole trader **Partnership** **Limited Company**

Other (please state)

Please note that if the Complainant's annual turnover exceeds 3 million Euro we may not be able to investigate your complaint. If the complaint is not resolved through dispute resolution and requires a formal investigation, we will need evidence from you about this figure e.g. financial statements or audited accounts.

Section B: Financial Products and Services

This section must be completed if your complaint is in relation to Financial Products and Services (for Pension Products go to Section C)

Note: Time Limits apply

Who are you making the complaint against?

(e.g. The name of your Bank, Insurance Company, Broker, etc)

Name and Type of Product or Service you are complaining about

(e.g Mortgage, Bank Account, Insurance Policy, Investment, etc):

Account or Policy number:

When was the product or service sold?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did the issue you're complaining about happen?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you become aware of this issue?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Has the product or service expired or terminated? **Yes** **No**

If yes, please provide the date it expired or terminated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Was the product or service sold by a person or a Financial Service Provider, other than the Financial Service Provider named above? **Yes** **No**

If so, please give the name and details of that provider or person:

Section C: Pension Products and Services

FSPO Ref No:

This section must be completed if your complaint is in relation to Pension Products and Services (otherwise go to Section D)

Note: Time Limits apply

What type of pension does your complaint relate to?

Personal Retirement Savings Account (PRSA)

Occupational Pension Scheme

Trust Retirement Annuity Contract (TRAC)

Personal Pension Plan (PPP)

Who are you making the complaint against?

Please state the name of the pension scheme

When was the product or service sold?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did the issue you're complaining about happen?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you become aware of this issue?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For Personal Retirement Savings Accounts / Personal Pension Plans please quote provider's name and policy number:

Name

Policy Number

For Trust RACs and Occupational Pension Schemes, please quote:

Name and address of the Trustees

Name

Address

Employer's name and address

Name

Address

Section D: Your Complaint

FSPO Ref No:

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

Is there any other person who might be adversely affected by the FSPO's Decision on the complaint?

Yes No

If so, please identify that person or persons, and why they might be adversely affected.

How do you wish the complaint to be resolved?

If you are seeking payment of a sum of money or if you have suffered a financial loss, please provide any relevant calculations.

Section E: Final Checklist

FSP0 Ref No:

Have you described your complaint to us and how you would like the complaint resolved? YES

Have you complained to your provider? YES

Have you attached a copy of all relevant documentation relating to the complaint? YES

Time limits apply: Have you confirmed details of the policy/product when it was sold and by whom (Section B and/or Section C) YES

If the complaint relates to a joint policy/account/mortgage etc. have both policy/account/mortgage holders signed the complaint form? YES N/A

Is, or has, your complaint been the subject of any legal proceedings (whether ongoing, finalised or pending)? YES NO

Has your complaint been before any court? YES NO

Has your complaint been before any other tribunal? YES NO

Have you previously had a complaint with the Financial Services and Pensions Ombudsman, Financial Services Ombudsman or the Pensions Ombudsman? YES NO

If ticking YES, please give us details of the file reference number(s)

for all previous complaints: _____

Do you wish to involve any other provider in this complaint? YES NO

If yes, please give details and explain why: _____

We would like to get your opinion about our service. Please confirm if you agree to receive a survey for this purpose YES NO

The FSPO will treat all information submitted in accordance with the purposes registered under the Data Protection Acts 1988 & 2003.

YOUR PERMISSION TO PROCEED

I would like the FSPO to consider my complaint. I consent to the FSPO:

- Handling personal details about me/us, which could include sensitive information (e.g. relating to health, employment, financial matters etc), in order to deal with the complaint effectively
- Exchanging information about the complaint with relevant parties and where appropriate with my/our representative.
- Collecting information at all stages of the complaint process and recording it in your IT systems.
- Using this information to publish reports based on anonymised and/or aggregated data.

I understand that:

- If the complaint is not resolved informally and instead requires a formal investigation, the decision ultimately issued by the Financial Services and Pensions Ombudsman will be legally binding on all parties, subject only to an appeal to the High Court.
- Decisions of the Financial Services and Pensions Ombudsman in relation to complaints about financial services and products will be published without mentioning the identities of those involved.

Signature Complainant 1:

Date:

Signature Complainant 2:

Date:

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

An tOmbudsman Seirbhísí Airgeadais agus Pinsean
Teach Lincoln, Plás Lincoln, Baile Átha Cliath 2, Do2 VH29

Financial Services and Pensions Ombudsman
Lincoln House, Lincoln Place, Dublin 2, Do2 VH29

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