



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) <input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
	Eircode:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>		
Email:	<input type="text"/>		
Occupation:	<input type="text"/>	Date of Birth:	<input type="text"/>

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) <input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
	Eircode:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>		
Email:	<input type="text"/>		
Occupation:	<input type="text"/>	Date of Birth:	<input type="text"/>

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

If you have provided two addresses above, please select which one you would like us to use to contact you:

Complainant 1: **Complainant 2:**

If you wish SOMEONE ELSE (e.g. a professional advisor or relative) to represent you in the complaint, please give their details here. Please note that all future correspondence will be sent to this person only. (This will include your personal and private data)

Name:

Address:

Eircode:

Phone Number:

Email:

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

Professional advisor Other (please state)

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 Company Other

Please note that if the Complainant's annual turnover exceeds €3 million 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:

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When was the product or service sold?

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

When did the issue you are 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
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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:

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Section C: Pension Products and Services

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
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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

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 supporting documents or relevant calculations.

Section E: Final Checklist

Have you complained to your provider and attached your final response letter?	YES <input type="checkbox"/>
Have you described your complaint to us and how you would like the complaint resolved?	YES <input type="checkbox"/>
Have you attached a copy of all relevant documentation relating to the complaint?	YES <input type="checkbox"/>
Time limits apply: Have you confirmed when the policy/product was sold and by whom (Section B and/or Section C)	YES <input type="checkbox"/>
If the complaint relates to a joint policy/account/mortgage etc. have both policy/account/mortgage holders signed the complaint form?	YES <input type="checkbox"/> N/A <input type="checkbox"/>

Is, or has, your complaint been the subject of any legal proceedings (whether ongoing, finalised or pending)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your complaint been before any court?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your complaint been before any other tribunal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you previously had a complaint with the Financial Services and Pensions Ombudsman, Financial Services Ombudsman or the Pensions Ombudsman?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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Section F: Data Privacy Statement

This Privacy Statement provides information about the ways in which the Financial Services and Pensions Ombudsman (FSPO) (“we”, “us”, “our”) uses your personal data. We use your data to exercise our official functions as laid down in the Financial Services and Pensions Ombudsman Act 2017 and we do so in accordance with the Data Protection Regulation (EU) 2016/679 (the “GDPR”) and any national implementing legislation (“Applicable Data Protection Law”).

How we use your data when processing your complaint:

- We only request data which we will need to investigate the complaint. We collect this information via our complaint form, written correspondence, or telephone. We do not track, record or retain phone conversations, however, we may keep a written note of your call.
- In the course of processing a complaint, we share all relevant data with the parties to the complaint. When we collect personal data, including special category data, we will take appropriate measures to ensure that it is safely processed.
- We routinely gather and publish complaint case studies. We also publish all legally binding decisions made on complaints against financial service providers. We take great care to ensure that all information in these publications is anonymised so that individuals are not identifiable.
- The personal data contained in complaint files is kept for at least 12 years from the date of the last action on the file and may be stored for longer for precedent/historical purposes. Further information is set out in our Records Management Policy.

Disclosure:

To process your complaint we may have to share personal data with third parties such as our external consultants, our legal representatives, or in certain instances, the Central Bank of Ireland. We will only share your data as required where it is for the performance of our functions and/or where we are obliged by law to disclose the data, for example to An Garda Síochána.

Contacting us by email:

Any emails sent to us are recorded and forwarded to the relevant section. The sender’s email address remains visible to all staff tasked with dealing with the query.

CCTV:

We have CCTV recording in operation at our offices for the safety and security of customers, staff and to assist in the prevention of security breaches.

Keeping your personal data safe:

We employ high standards of physical and technical security to protect the confidentiality of your personal data. All staff are aware of the standards of data security expected of them and the processing of personal data in relation to complaints is limited to staff who are authorised to deal with complaints.

Using our website:

Our website (www.fspo.ie) has introduced cookies with effect from 01 January 2018. Our website uses both session cookies and persistent cookies. Within your browser you can choose whether you wish to accept cookies or not. Please see our cookie policy at www.fspo.ie/cookies.

Access to personal data:

You can make a request for your personal data online at www.fspo.ie/dataaccess or you can contact our Data Protection Officer via email at dataprotection@fspo.ie or in writing to: Data Protection Officer, Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, Do2 VH29.

If you would like to ask that we amend your data or seek erasure of your data, please contact our Data Protection Officer.

Right to Object:

You can object to our use of your data. If you do object, the FSPO shall no longer process your personal data unless the FSPO can demonstrate legitimate grounds to continue to do so under the applicable data Protection Law. If your objection is successful it may be necessary to close your file, however, your data will be retained in line with our Records Management Policy and Retention Schedule.

Complaint to Data Protection Commissioner

We hope you are satisfied with our use of your data. However, if you wish to make a complaint you may do so by contacting the Data Protection Commissioner at info@dataprotection.ie

Changes to this Privacy Statement:

This Privacy Statement was approved on 16 May 2018 and will be reviewed as required in light of any legislative or other relevant developments.

Section G: Declaration

By submitting this complaint to the FSPO, I understand:

- Where a complaint has not been settled between the parties, or withdrawn, that complaint will be the subject of a formal Decision in writing from the FSPO, the terms of which will be legally binding on the parties.
- A Legally Binding Decision of the FSPO is open to review, only by way of an appeal to the High Court not later than 35 days after the date of notification of the Legally Binding Decision.
- The FSPO routinely gathers and publishes complaint case studies, and also publishes all legally binding decisions made on complaints against financial service providers. Great care is taken to ensure that all information in these publications is anonymised so that individuals cannot be identified by name, address or otherwise.

Signature Complainant 1:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature Complainant 2:

Date:

D	D	M	M	Y	Y	Y	Y
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**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.**