

Nominated Medical Professional to whom medical information may be sent if necessary:
(this information is required only if there is a medical element to your complaint)

Title: Name:

Address:

Phone Number:

If you are complaining on behalf of a business:

Business Name:

Are you a: (please tick one box)

Sole trader

Limited Company: (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)

Partnership

Other (please state)

Section B:

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
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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
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(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: Final Checklist *(please tick the relevant option)*

FSOB Ref No:

Have you completed the relevant parts of section A?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you given your occupation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you provided details of the Financial Service Provider(s) you are complaining about? (section B)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you confirmed when the policy/product was sold?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you described your complaint and desired resolution in your own words? (section C)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is, or has, your complaint been the subject of legal proceedings, before a court or tribunal, or are legal proceedings pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have answered YES, please give details:		
.....		
.....		
Has your complaint been subject to Arbitration previously?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the dispute between you and any other person other than the Financial Service Provider?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you attached a copy of all relevant documentation from the Financial Service Provider which supports your complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you provided details of your nominated medical professional <i>(only required if there is a medical aspect to your complaint)</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever registered a complaint with the FSOB before? If ticking YES - Ref No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

Section E: 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 1:

Date:

Signature 2:

Date:

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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