Financial Ombudsman Escalation

Stage 2 · Referring to the FOS

YOUR NAME
[YOUR FULL NAME]

YOUR ADDRESS
[YOUR FULL ADDRESS, POSTCODE]

YOUR DATE OF BIRTH
[DD/MM/YYYY]

TO
Financial Ombudsman Service

ADDRESS
Exchange Tower, London, E14 9SR

DATE
[DATE]

To whom it may concern,

RE: Referral of Complaint to the Financial Ombudsman Service

I would like to refer a complaint to the Financial Ombudsman Service for independent review.

Details of the firm complained about:

- Firm name: [FIRM NAME]
- Firm address: [FIRM ADDRESS]
- Account or reference number: [REFERENCE]
- Date I first complained to the firm: [DATE]
- Date I received the final response (if any): [DATE, OR "NO RESPONSE RECEIVED"]

A summary of the complaint:

[SUMMARISE THE FACTS: WHAT HAPPENED, WHY IT WAS UNFAIR, WHAT YOU HAVE ASKED FOR.]

The reason I remain dissatisfied:

[EXPLAIN WHY THE FIRM'S FINAL RESPONSE DID NOT RESOLVE THE ISSUE, OR THAT NO RESPONSE WAS RECEIVED WITHIN 8 WEEKS.]

I would like the Financial Ombudsman Service to consider the following resolution:

[STATE YOUR PROPOSED RESOLUTION.]

I enclose copies of the following supporting documents:

- My original complaint letter dated [DATE].
- The firm's final response letter dated [DATE] (if received).
- Relevant correspondence and account statements.

I confirm that I am within the six-month time limit from the firm's final response, and within six years of the event complained of (or three years of when I first became aware), in line with DISP 2.8.

Please contact me in writing at the address above.

Yours faithfully,

SIGNATURE
[SIGN HERE]

PRINT NAME
[YOUR FULL NAME]