Formal Complaint · Creditor or DCA

Stage 1 · Before the Financial Ombudsman Service

YOUR NAME
[YOUR FULL NAME]

YOUR ADDRESS
[YOUR FULL ADDRESS, POSTCODE]

COMPLAINTS TEAM
[COMPANY NAME]

ADDRESS
[COMPLAINTS TEAM ADDRESS]

DATE
[DATE]

REFERENCE
[ACCOUNT OR REFERENCE NUMBER]

Dear Complaints Team,

RE: Formal Complaint · Account Reference [REFERENCE]

I am writing to make a formal complaint under your regulated complaints procedure. This letter starts the eight-week clock under the FCA Dispute Resolution rules (DISP 1).

The facts of my complaint are:

[SET OUT WHAT HAPPENED, IN DATE ORDER. FACTS ONLY. INCLUDE DATES, AMOUNTS, NAMES OF STAFF IF KNOWN.]

I consider that your firm has:

[SET OUT THE RULES OR STANDARDS YOU BELIEVE HAVE BEEN BREACHED, FOR EXAMPLE: CONC 7 (ARREARS AND DEFAULT), CONC 8 (DEBT ADVICE), PRINCIPLES 6 AND 7 (CUSTOMERS' INTERESTS AND CLEAR COMMUNICATION), CONSUMER DUTY.]

As a result of the above, I have suffered:

[DESCRIBE THE FINANCIAL LOSS, DISTRESS OR INCONVENIENCE. BE FACTUAL.]

To resolve this complaint, I require you to:

[STATE WHAT YOU WANT: REFUND, INTEREST, ACCOUNT ADJUSTED, CREDIT FILE UPDATED, COMPENSATION FOR DISTRESS, CLOSURE OF ACCOUNT, ETC.]

Please acknowledge receipt of this complaint in writing within five working days as required by DISP 1.6.2R.

You have eight weeks from the date of this letter to provide a final response. If I do not receive a final response, or if I am not satisfied with the response provided, I will refer this matter to the Financial Ombudsman Service.

While this complaint is under investigation, I request that all recovery action on the account is suspended.

Please respond in writing to the address above. I do not consent to communication by telephone.

Yours faithfully,

SIGNATURE
[SIGN HERE]

PRINT NAME
[YOUR FULL NAME]