



Wingrove House  
Ponteland Road  
Newcastle Upon Tyne  
NE5 3AJ

## **COMPLAINT FORM**

*Where did you hear of the Credit Services Association or who referred you to the Credit Services Association?*

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*(This information is for monitoring purposes only)*

**Complainant** (or a Representative) *The person to whom we will write*

**Mr/Mrs/Miss/Ms Forename (s):** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Daytime Tel No (inc code):** \_\_\_\_\_

**Details of the CSA Member you are complaining about**

*(We cannot deal with complaints about non-members)*

**Name of Member:** \_\_\_\_\_

**Branch (if applicable):** \_\_\_\_\_

**Account/Reference No:** \_\_\_\_\_

**Date the problem first occurred:** \_\_\_\_\_

**Details of your complaint**

*Please summarise your complaint precisely, including dates and names of employees spoken to*

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*(Continue on a separate sheet if necessary)*

**In what way do you think the member has violated our Code of Practice?**

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**What did you ask the CSA Member to do to put it right?**

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**Please provide copies of any available letters and documents**

*(please mark X in one of the boxes below)*

- Already sent with previous letter(s)**
- Copies enclosed**
- None available**

**What you should do now:**

**Return this form to the CSA**

*(please return this form together with any relevant copies of any correspondence and documents relating to this complaint to: CSA, Wingrove House, Ponteland Road, Newcastle upon Tyne, NE5 3DP)*

**Read the authorisation below carefully and ensure that both the complainant and account holder (if different) sign where indicated.**

**AUTHORISATION**

- I/We wish this complaint to be considered under the provisions of the Credit Services Association Code of Practice.*
- I/We acknowledge this complaint form and the details therein will be forwarded to the CSA Member in line with the official CSA Complaint Procedure.*
- I/We authorise the member to provide you with any relevant information and to discuss details of the complaint with you.*
- I/We authorise the CSA to discuss the complaint with the complainant (if different to account holder).*
- I/We understand that referring the complaint to the CSA Code of Practice Scheme, does not suspend any time limit which applies to any right I/We may have to seek legal redress from the CSA member.*
- I/We confirm this is a true statement of events leading up to this complaint.*

**Signature(s) of Complainant(s)**

*(please ensure that if any account is held jointly **both** must sign)*

\_\_\_\_\_

\_\_\_\_\_

**Name** *(block letters)*

**Date:** \_\_\_\_\_