



OFFICE OF THE FINANCIAL SERVICES OMBUDSMAN

1st Floor, Central Bank Building Eric Williams Plaza, Independence Square, Port-of-Spain
Telephone no: 1(868) 625-4835; 5028 Exts: 2650; 2657; 2675; 2681; 2685. Fax: 1(868) 627-1087

COMPLAINT FORM

Reference:.....

Please indicate complaint type: BANK

INSURANCE

Complainants must complete this form for the Financial Services Ombudsman (FSO) to investigate a complaint. Note that all your personal details/information will be handled with the utmost confidentiality unless required by law to be disclosed. The complaint must first be referred to your Bank or Insurance Company and not satisfactorily resolved.

Customer's Information

				Complainant	Co-Complainant *
Surname					
First Name	<i>M</i>	<i>M</i>	Ms.		
Occupation					
Date of Birth					
Identification (ID/PP/DP)					
Mailing Address					
Daytime Phone					
Email Address					
Fax					

** If there are more than two persons making this complaint, please list the details of the other person(s) on a separate sheet and attach to this Form*

If the complaint is on behalf of a small business, ⁽¹⁾ please state the following:

Name of the business.....

Address.....

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⁽¹⁾ You must provide satisfactory evidence (e.g. audited financial statements or financial statements used for tax purposes) that the assets of the business, excluding land and buildings, did not exceed TT\$1,500,000 on the date when the problem occurred.

If you have authorised someone to represent you (e.g. an Attorney-at-Law or a relative or friend) please provide the following details and have the representative sign form on page 5.

Name of Representative	
Address	
Telephone	
Fax	
Email Address	
Relationship to Complainant	
Authority to act as Representative, e.g. Probate or Power of Attorney	

Details of the Bank/Insurance Company

Name of Bank / Insurance Company	
Branch / Agency	
Branch / Agency Address	
Branch / Agency Telephone	
Account Nos. (if applicable)	

Claim Number or other Reference used by your Bank/Insurance Company

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Description of the product or service relating to the complaint
(Please state the name and type of account, etc.)

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IN CASE OF MOTOR VEHICLE CLAIMS

Registration Number of Complainant's vehicle	
Complainant's Insurance Company	
Type of Insurance Coverage	Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/>

Where the complainant's vehicle was involved in an incident with another vehicle please provide the following information about the other vehicle:

Registration Number	Driver	Insurance Company

	Day	Month	Year
When did the problem first occur?			
When did you first become aware that the product or service provided was unsatisfactory?			
When did you first complain to the Bank/Insurance Company			

	Yes *	No
Have there been any proceedings before or in a court of law, tribunal, arbitrator or any independent reconciliation body or are any such proceedings planned?		
Have you contacted any regulator or other complaints body about your complaint?		

** If you have answered YES to either question, please give details*

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	Yes	No
Have you received the Bank/Insurance Company's final decision on your complaint in writing?		

If YES, please send us a copy of the Bank/Insurance Company's letter with this form

How would you like the Bank/Insurance Company to resolve the matter?

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If you are making a claim for compensation for any monetary loss, you must provide a detailed list of the items comprising the amount which you claim for each item, with explanatory comments as necessary. **Provide summary of amount below.**

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Complainant's authority for the Ombudsman to proceed with the investigation

I would like the Financial Services Ombudsman (FSO) to consider my complaint.

I understand that:

1. The FSO will need to access personal details, including financial information about me, in order to deal with my complaint effectively. The FSO will handle such information in the strictest confidence unless compelled by law to disclose this information.
2. The FSO and other organizations and official bodies, including the Financial Institution I am complaining about, have the authority to exchange information about this complaint.
3. My case may be published for educational purposes or be reflected in the FSO's statistics but without identifying the parties involved.
4. Complaints are handled in a different manner from the courts of law and the FSO would not usually require parties to attend hearings in person but may resolve disputes by correspondence, telephone or other means of communication.
5. If at any time I am not satisfied with the process or the outcome, I am free to take the matter to the court or elsewhere in which case the FSO will close its files.

By signing this Complaint Form, I hereby agree to:

1. Give my consent to the Financial Institution against which I am complaining, to release whatever information which may be considered necessary to handle my complaint to the Office of the FSO.
2. Give consent to the exchange of information relevant to the complaint between the Office of the FSO and the Financial Institution and other bodies.
3. Acknowledge that the files of the FSO and the Financial Institution against which I am complaining, and discussions between me, the Financial Institution and the FSO, are confidential, and will not be used in any subsequent legal or other proceedings. In addition, the FSO and staff of the Office of the FSO and advisors will not be called to testify.

Signature of the Complainant Account Holder /Policy Holder	Date	Signature of Authorised Representative(s) (if applicable)	Date

Even if you have appointed someone else to make the complaint on your behalf, your authorised representative should also sign and so indicate the capacity. If you are signing on behalf of a business, please also give your position in that business. If the account is joint, all account holders must sign.

Please return this completed Form to:

Office of the Financial Services Ombudsman
1st Floor, Central Bank Building
Eric Williams Plaza, Independence Square
Port-of- Spain

Have you:

- Included everything necessary about your complaint?
- Enclosed a copy of the financial institution's final decision letter?
- Enclosed copies of all relevant documents?