



**OFFICE OF THE FINANCIAL SERVICES OMBUDSMAN**

*"WE CAN HELP. OUR SERVICES ARE FREE."*

**COMPLAINT FORM**

**You must complete this Form for the Financial Services Ombudsman (FSO) to investigate your complaint. You are assured that all of your personal information will be handled with the utmost confidentiality unless we are required by law to disclose any information.**

**Before the FSO can consider your complaint, you must have complained to the Bank/Insurance Company and either your complaint is still not resolved or you are unhappy with the Bank's/Insurance Company's final decision.**

**Step 1**

**Complainant's Information**

**The complainant is the person who has the complaint with the Bank/Insurance Company.**

<b>First name:</b>	Dr.	Mr.	Mrs.	Miss	
<b>Surname:</b>					
<b>Date of birth:</b>	Day		Month		Year
<b>I.D./D.P./Passport #:</b>					
<b>Occupation:</b>					
<b>Mailing address:</b>					
<b>Telephone number:</b>	Home		Work		Mobile
<b>Fax number:</b>					
<b>Email address:</b>					

**Would you like to receive information about the Agency via email?    Yes     No**

### Co-complainant's/Representative's details:

**The co-complainant is someone who has a joint account/policy with the complainant. A representative is someone who is submitting a complaint on behalf of someone else.**

Co-Complainant      **OR**       Representative

Relationship: \_\_\_\_\_

<b>First name:</b>	Dr.	Mr.	Mrs.	Miss	
<b>Surname:</b>					
<b>Date of birth:</b>	Day		Month		Year
<b>I.D./D.P./Passport #:</b>					
<b>Occupation:</b>					
<b>Mailing address:</b>					
<b>Telephone number:</b>	Home		Work		Mobile
<b>Fax number:</b>					
<b>Email address:</b>					

\*If there are more than 2 persons making this complaint, please list the details of the other person(s) on a separate sheet of paper and attach it to this Form.

### Small business' details:

**If the complainant is a small business, the Form must be completed by someone who is authorized to act for the small business. To be considered a small business, you must attach sound proof that the assets of the business, without its land or buildings, is not valued at more than TT\$1.5 million on the date when the complaint occurred. Proof includes audited financial statements or financial statements used for tax purposes.**

<b>Name of business:</b>	
<b>Address of business:</b>	
<b>Telephone:</b>	

Audited financials submitted?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes      No

**Step 2**  
**Details of Bank/Insurance Company**

Name of the Bank/Insurance Company you have the complaint **against**

\_\_\_\_\_

Branch address: \_\_\_\_\_

Did you receive a claim number or other reference number when you made your complaint?

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Yes      No      If yes, state the claim/reference number: \_\_\_\_\_

Did you receive the Bank's/Insurance Company's final decision in writing?

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Yes      No

Final decision or Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tick the type of complaint:**

**BANK**

Accounts and Transactions       Loan Account

Card Services       Other. Please Specify: \_\_\_\_\_

**OR**

**INSURANCE**

Motor Vehicle       Property       Individual Health

Individual Annuity       Life Insurance       Other. Please Specify:

\_\_\_\_\_

**In the case of a Motor Vehicle Claim (Complainant's Information):**

Date of incident/accident: \_\_\_\_\_ Location: \_\_\_\_\_  
(dd/mm/year)

Registration number of complainant's vehicle: \_\_\_\_\_

Complainant's Insurance Company: \_\_\_\_\_

Type of insurance coverage:  Comprehensive  Third party

**Please attach a copy of the certified copy of ownership of the motor vehicle to the Form.**

**Information on the other vehicle involved in the accident:**

Registration number: \_\_\_\_\_

Owner's/Driver's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**Other:**

Date of Incident: \_\_\_\_\_

Insurance details: \_\_\_\_\_

**OR**

Date of Incident: \_\_\_\_\_

Bank details: \_\_\_\_\_



**How would you like the Bank/Insurance Company to resolve this complaint?**

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**If you are making a claim for monetary compensation, provide a detailed list of the items comprising the amount of the claim. For example, parts (\$.....) and/or labour (\$.....). Please include supporting evidence.**

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## **Step 4**

### **Complainant's Authority**

**In order for the FSO to proceed with the investigation, you must give us your authority. This means that you are stating 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, Central Bank of Trinidad and Tobago and other organizations and official bodies, including the Bank/Insurance Company 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 the identity of the parties would not be revealed.
4. Complaints are handled in a different manner from a Court of law and the FSO would not usually require parties to attend hearings in person. Instead, disputes are resolved by correspondence, telephone or other means of communication.
5. The FSO may dismiss my complaint if I fail to provide information when requested, or, if I fail to reply to letters from the Office within a reasonable time. My complaint may also be dismissed if I am upsetting, abusive or insulting when communicating with the Office. The FSO has the sole right to determine whether I have been upsetting, abusive or insulting.
6. If at any time I am not satisfied with the process or the outcome, I am free to take the matter to Court or elsewhere. In such a case, I would inform the FSO immediately, in writing, and the FSO will close its files on my complaint.

**Step 5**  
**Complainant's Agreement**

**By signing this Complaint Form, I agree to:**

- 1. Give my consent to the Bank/Insurance Company against which I am complaining, to release any necessary information to the FSO which is related to my complaint.
- 2. Give my consent to the FSO and the Bank/Insurance Company to exchange any information relevant to my complaint.
- 3. Keep all discussions between the Bank/Insurance Company, the FSO and I confidential. Should my complaint be the subject of a Court matter or any other dispute-resolving process, neither my representative nor I, will subpoena any documents in my file or the Ombudsman or any member of her staff. Neither my representative nor I will order that any of these documents be discovered in terms of any rules of Court.

**Even if you have appointed someone else to make the complaint on your behalf, your authorized representative should also sign and state his/her capacity for representing you. If the account/policy is joint, all account/policy holders must sign. The information provided by me in this Form is, to the best of my knowledge, true and correct.**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-complainant/Representative

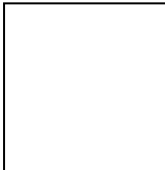
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature on behalf of a small business

\_\_\_\_\_  
Date

Job Title: \_\_\_\_\_

Affix Company's stamp





**Step 6**  
**Supporting Documents**

**Please tick the box(es) for the documents you have included:**

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Proof of Ownership of Property | <input type="checkbox"/> Copy of Bank Statement(s)  |
| <input type="checkbox"/> Copy of Insurance Certificate          | <input type="checkbox"/> Copy of the Bank's/<br>Insurance Company's final decision letter |
| <input type="checkbox"/> Copy of Certified Copy of Ownership    | <input type="checkbox"/> Copy of Estimate   |
| <input type="checkbox"/> Copy of Bill(s) for Repairs            | <input type="checkbox"/> Copy of Loan Agreement   |
| <input type="checkbox"/> Copy of Police Report                  | <input type="checkbox"/> Copy of Policy Contract  |
| <input type="checkbox"/> Pictures                               | <input type="checkbox"/> Witness Statement  |
| <input type="checkbox"/> Other. Please specify: _____           |   |

**You can drop off or mail the completed Complaint Form to:**

**Office of the Financial Services Ombudsman**  
**1<sup>st</sup> Floor, Central Bank Building**  
**Eric Williams Plaza, Independence Square**  
**Port of Spain**

**Tel: 1 (868) 625-4835 or 5028 Exts. 2657, 2637, 2675, 2681, 2650, 2685, 2636 or 2604**

**Fax: 1(868) 627-1087** **Website: [www.ofso.org.tt](http://www.ofso.org.tt)**

**For official use only**

**Reference No:** \_\_\_\_\_

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