



**OFFICE OF THE FINANCIAL SERVICES
OMBUDSMAN**

"WE CAN HELP. OUR SERVICES ARE FREE."

COMPLAINT FORM

You must complete this Form in order to lodge a formal complaint with the Financial Services Ombudsman (FSO). 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.

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

Co-complainant's/Representative:

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: _____

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

Small business:

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.

Name of business:	
Address of business:	
Telephone:	

Audited financials submitted?

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Yes No

Step 2
Details of Complaint

If you have a complaint with your Bank or Non-Bank Financial Institution please complete the details on this page (if not, proceed to Page 4)

BANK/NON-BANK FINANCIAL INSTITUTION

Name of the Bank/Non-Bank Financial Institution you have the complaint **against**:

Branch: _____

Did you receive the final decision in writing?

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Yes No

Final decision or Outcome: _____

Please tick the type of complaint:

Accounts and Transactions

Loan Account

Card Services

Online Fraud

Mortgage

Other. Please Specify: _____

**If you have a complaint with your Insurance Company
please complete the details on this page**

INSURANCE COMPANY

Name of the Insurance Company you have the complaint **against**:

Branch: _____

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

<input type="checkbox"/>	<input type="checkbox"/>
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Final decision or Outcome: _____

Yes No

Please tick the type of complaint:

Motor Vehicle

Property

Individual Health

Individual Annuity

Life Insurance

FIP

Other: _____

Tick Appropriate Box:

Undue Delay

Inadequate Settlement

Denial of Claim

In the case of a Motor Vehicle Claim, please complete:

Complainant's Information:

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

Registration number of complainant's vehicle: _____

Driver at the time of incident/accident: _____

Complainant's Insurance Company: _____

Type of insurance coverage: Comprehensive Third party

Information on the other vehicle involved in the accident:

Registration number: _____

Owner's/Driver's name: _____

Insurance Company: _____

How would you like the Bank/Non-Bank Financial Institution/Insurance Company to resolve this complaint?

If you are making a claim for monetary compensation, provide the total amount of the claim and include supporting documentation.

Step 4

Complainant's Authority

In order for the FSO to proceed with your complaint, 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 disrespectful or if I use abusive or insulting language when communicating with the Office. The FSO has the sole right to determine whether I have been disrespectful, 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

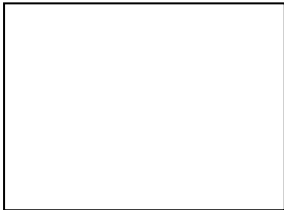
Date

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/
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"/> Citizen Report Receipt | <input type="checkbox"/> Witness Statement |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> Copy of ID/DP/Passport |
| <input type="checkbox"/> Other: Please specify: _____ | |
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You can drop off, mail or e-mail the completed Complaint Form to:

Office of the Financial Services Ombudsman
1st Floor, Central Bank Building
Eric Williams Plaza, Independence Square
Port of Spain
Email: info@ofso.org.tt

Tel: 800-4FSO (4376) OR 1 (868) 621-2288 or 235-2288

Website: www.ofso.org.tt

Receiving Officer's Initials: _____