

COMPLAINT FORM

1. Personal Details

Please provide your contact details.

Full name:			
Organisation (if applicable)			
Street Address:			
Town:			
County:		Post code:	
E-mail address:		Tel:	

2. Representative

If you are complaining on behalf on someone else, please provide your details below.

Full name:			
Organisation (if applicable)			
Street Address:			
Town:			
County:		Post code:	
E-mail address:		Tel:	

3. Service

Please tell us which CEDR service your complaint relates to:

- | | | |
|--------------------------------|---|---|
| <input type="radio"/> Aviation | <input type="radio"/> Healthcare | <input type="radio"/> Complaints review |
| <input type="radio"/> Telecoms | <input type="radio"/> Home Building and Residential | <input type="radio"/> Funeral services |
| <input type="radio"/> Post | <input type="radio"/> Lottery and Gambling | <input type="radio"/> Other |
| <input type="radio"/> Water | <input type="radio"/> Holidays and travel | |

Case reference number: _____



4. Your complaint

Please tell us about your complaint (continue on separate page if necessary).

5. Outcomes

What outcome are you hoping for?



6. Declaration

Please read the declarations and tick both boxes to confirm you understand them before signing this form.

I have read and understood the CEDR Complaints Procedure.

I have tried to resolve this matter by contacting the CEDR office without success.

Print name:

Your signature:

Date:

Now please submit your complaint to us:

By post:

Consumer Services Team
Centre for Effective Dispute Resolution
70 Fleet Street,
London EC4Y 1EU

By email: complaints@cedr.com