

# 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:

Post  
code:

Email:

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 & 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 & 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](mailto:complaints@cedr.com)