

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"/> 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 | |
| <input type="radio"/> Healthcare | <input type="radio"/> Complaints review | |

Case reference number:

4. Your complaint

Please tell us about your complaint. You can continue on a separate page if required. However, please note that we cannot review any adjudicator or arbitrator's decision.

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.
- I understand that I cannot appeal or request a review of the adjudicator/ arbitrator's decision.

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