

**Before you complete this form we recommend that you read our Consumer Guide which details how the Dispute Resolution Ombudsman's dispute resolution process works and how your claim will be assessed.**

**Reference Number:**(office use)

**Name of Trader:**

**About You:**

Title:	Forename(s):	Surname:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address for correspondence:	Where are the goods at the moment: <b>(If different address please provide details)</b>
<input type="text"/>	<input type="text"/>

Telephone No:	<input type="text"/>	<b>To receive case updates by text message and email, please tick this box.</b> <input type="checkbox"/>
Mobile No:	<input type="text"/>	
Email:	<input type="text"/>	

Is anyone else dealing with your complaint on your behalf? (e.g. Trading Standards or a solicitor)

**Yes**       **No**

If **YES**, please provide their name, address, telephone number and email in the box below:

Name:	<input type="text"/>
Address:	<input type="text"/>
Telephone No:	<input type="text"/>
Email:	<input type="text"/>

**If you would like us to deal directly with this third party rather than yourself to resolve this matter, and they are willing to act for you, please tick here.**

## About the trader:

Name of trader:	
Branch Address (i.e. where the purchase was made):	
Order or Invoice No:	
Date you first complained to the trader:	
How did you complain? (e.g. letter/telephone call/visit to store)	
Who did you first complain to?	
Who (if anyone) is dealing with your complaint now?	

## About your purchase:

1. What did you purchase?	
2. What was the purchase price?	
3. What did the purchase price include?	
4. When did you purchase the goods and/or services?	
5. How did you pay for the goods and/or services?	Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Finance Agreement <input type="checkbox"/> Other <input type="checkbox"/> <input type="text"/> (Please specify)

6. Did you collect the goods from store?

Yes

No

7. If **NO**, when were the goods delivered to you?

8. How did you choose your goods and/or service?

Store Visit

Brochure

Online

Other (please specify):

9. Who is the manufacturer of the goods?  
(If known)

10. Is there a manufacturer's warranty?

11. Did your purchase include any fitting or installation service?

Yes

No

**If NO, please skip to Question 22.**

12. Was the balance paid in full in advance of the installation being completed?

Yes

No

13. When was the installation supposed to start?

14. When did the installation actually start?

15. Is the fitting or installation complete?

Yes

No

16. When was the fitting or installation completed?

17. Is the fitting or installation completed to your satisfaction?

Yes

No

**18.** If **NO**, please provide a list of outstanding issues and what you think needs to be done about them?

**19.** Did your purchase require any fitting or installation that was carried out by someone other than the trader? (e.g. Did you arrange for someone else to carry out the fitting or installation under a separate contract?)

Yes

No

**20.** If **Yes**, is the fitting or installation work carried out by your own contractor complete?

Yes

No

**21.** If **Yes**, when was the fitting or installation completed by your own contractor?

**22.** What information were you provided with (either verbally or in writing) about the product, its assembly, care and/or maintenance? If you have copies of any documents that you feel are relevant to this question, please send us a copy if possible.

**23.** Please provide a written summary of your complaint, including why you think it is justified?

**24.** What (if anything) has the trader done so far to try to resolve your complaint?

**25.** Please tell us why the trader's response is not acceptable to you?

**26.** Please tell us what you think should be done to resolve your complaint? If you are claiming compensation you must specify the amount that you are claiming, together with the reasons why you feel entitled to receive it. If you are claiming financial losses that you have incurred you must also set these out individually and provide documentary evidence (please enclose copies) to support your claim and to help us decide what you might be entitled to. **The enclosed Consumer Guide contains information about making a financial claim.**

**27.** How did you find out about Dispute Resolution Ombudsman?

**Trader**     **Citizens Advice**     **Trading Standards**

**Other** (please specify)

### Data Protection:

The Dispute Resolution Ombudsman is registered under the Data Protection Act 1998 (registration ZA050882).

We will keep records of the information that you give us. This helps us to monitor the progress of your case and produce statistics that we may publish. We will also collect information in connection with your case from the other parties involved.

As part of our process we may share the information that you provide to us with:

- the other parties in the case
- to other organisations who can help in resolving the dispute
- Which? Trusted Traders may have visibility of case information if the trader is endorsed by them
- The Dispute Resolution Ombudsman Standards Board or other body who monitors or regulates us

In submitting this application and requesting the Dispute Resolution Ombudsman's involvement in your complaint, you agree to us holding and using your information in this way. Telephone calls to and from the Dispute Resolution Ombudsman may be recorded for training and quality purposes.

### Your Declaration and Agreement:

The information that I have supplied in support of my complaint is true and accurate to the best of my knowledge and belief. I agree to my complaint being examined by the Dispute Resolution Ombudsman and have read the Consumer Guide about the procedure to be followed and how my claim will be assessed.

I understand that where the Dispute Resolution Ombudsman makes a decision on my claim I am not bound to accept it, but if I do it will be in full and final settlement. I understand that I may withdraw my claim at any time.

Signature:

Print Name:

Date:

Unless you are submitting this document online or via e-mail at [info@disputeresolutionombudsman.org](mailto:info@disputeresolutionombudsman.org), please post to:

Dispute Resolution Ombudsman  
Second floor  
3-4 Viewpoint Office Village  
Babbage Road  
Stevenage  
Hertfordshire  
SG1 2EQ