

Complaint Form

Please complete this form in BLOCK capitals.
If you need any help, telephone 0845 6060777.

Section 1: Personal details

Name: _____

Address: _____

Daytime telephone number: _____

My date of birth: _____

Signature _____ Date _____

If you wish someone to act on your behalf when dealing with your complaint, please complete the following details. If not, go to Section 2.

I authorise _____ to act on my behalf.

Representative's address: _____

Telephone: _____

Section 2: Child Support Agency details

Agency Reference Number: _____

National Insurance Number: _____

The Centre that deals with my case is: _____

Section 3: Have you already complained to the Agency?

Please read the section of our leaflet headed 'When is the right time to complain to the Independent Case Examiner?'

Either: Yes, I have complained to the Agency (tick box)
(If possible, attach copies of the complaint and the response you received)

Or: No, I have not complained to the Agency because (give reason)

If you have not given the Agency the opportunity to respond to your complaint before you write to us, we will send your complaint to the Agency.

