

COMPLAINT FORM

Please complete this form in BLOCK capitals.

If you need any help, please telephone 0845 606 0777.

Section 1: Personal details

Name:.....

Address:.....

.....

Daytime telephone number:.....

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 number:

Section 2: Agency / Business details

National Insurance Number:

Which Agency/Business are you complaining about?

.....

The office that deals with my case is:

If your complaint is about the Child Support Agency, please give the 12 figure reference number:

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Section 3: Have you already complained to the Agency/Business?

Please read the section of our leaflet headed 'What we cannot deal with'

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

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

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If you have not given the Agency/Business the opportunity to respond to your complaint before you

write to us, we will send your complaint to them.