Complaint form

Complaints about the conduct of Enforcement Firms and Enforcement Agents

Before we can process your complaint, please complete all relevant sections of this form and provide the information requested.

1. Have you used our service or contacted us before? (Please tick)

Section 1: About you

Address Line 1

Address Line 2

County

Post Code

Email Address

Daytime Telephone Number

| | Yes | No | | | |
|----|--------------|--|-----------------------|-------------------|--|
| | | een in contact with us be ease enter it here: | fore and been given a | reference number, | |
| | Ref No: | | | | |
| 2. | Your details | 5 | | | |
| | Title | | | | |
| | First Name | | | | |
| | Last Name | | | | |

3. Representative details – (specify relationship to the complainant)

If you are appointing someone to represent you, please include details here (please note if someone is representing you, we will only correspond with them)

| Title | |
|---|--|
| First Name | |
| Last Name | |
| Address Line 1 | |
| Address Line 2 | |
| County | |
| Post Code | |
| Daytime Telephone Number | |
| Email Address | |
| Please provide your relationship to the complainant. | |
| Communication preferences | |
| How would you or, in the case where you, your representative prefer to be | you are using a representative to help contacted? (please tick) |
| Email Post Telepl | none Any |
| complaints handling function. If you | n essential part of the ECB's commitment to providing an accessible or, in the case where you are using a representative to help you, ent you would like us to consider (for example providing documents ow. |
| | |
| | |
| | |

4.

Section 2: About your complaint?

5. Who are you complaining about?

| Please give us the name and address of the Enforcement Firm you are complaining about? |
|---|
| |
| |
| Did the enforcement firm provide you with a reference number? If so, please provide it below? |
| |
| Are you complaining about a specific person? (please tick) |
| Yes No |
| If yes, please give their name if you know it. |
| |
| If known, please tell us what type of debt led to your contact with the enforcement firm? E.G Council Tax, parking, congestion charging etc. |
| |

6. When did it happen?

| | he event you want to out remember the exact | | • | | |
|---------------|---|-----------------------|-------------------|-----|--|
| Date: | | | | | |
| When did y | ou become aware of t | the problem? | | | |
| | | ' | | | |
| Date: | | | | | |
| When did y | ou a raise a complain | t with the Firm? | | | |
| Date: | | | | | |
| Have you re | eceived a final respon | se? (please tick) | | | |
| Yes | No | , | | | |
| If yes, pleas | se provide the date of | the firm's formal res | sponse? | | |
| | | | | | |
| Date: | | | | | |
| What is yo | our complaint about | :? (briefly summar | ise your complair | nt) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Using the boxes below, briefly tell us what you are complaining about. |
|---|
| Please tell us what happened. |
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| |
| What is the impact of what happened? |
| Please tell us how you or the person you represent have been affected by what happened. Please describe what impact this has had and how long that lasted. |
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| |
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| |
| |
| What is the outcome you are seeking? |
| Please explain what action you would like the enforcement firm to take to put matters right for you or the person you represent and why? |
| If you or the person you represent is looking for a financial payment to put matters right, could you please tell us the sum you are looking for and how you have calculated that figure? |
| |
| |
| |
| |

8. The details of your complaint.

| olease tick) | Yes | No | |
|----------------|-----------------------------|--|--|
| | | ther you have received a response complaint was, if any? | |
| | | | |
| | | | |
| | | | |
| | | | |
| lave you taken | n, or are you | planning to take, legal action about your complaint? | |
| | 1, or are you Yes | planning to take, legal action about your complaint? | |
| olease tick) | Yes | | |
| olease tick) | Yes | No | |
| olease tick) | Yes | No | |
| olease tick) | Yes | No | |

9. Have you complained to another body about the same matters?

To help us process your complaint, please send us:

- This completed complaint form
- The complaint made to the enforcement firm
- The complaint response(s) from the enforcement firm

Section 4: Declaration:

Please consider the terms below and sign at the bottom. We will not be able to progress your complaint [or the complaint of the person you represent] without your agreement to the terms below.

- I have considered the ECB Complaints handling process [link] and would like the ECB to look at my complaint.
- I agree to share all the relevant evidence with you so that you can consider and investigate my complaint.
- I am satisfied that everything I have told you is correct.
- I am aware of the ECB's privacy notice [link] and understand that, to help resolve my complaint, the ECB will need to use and keep my personal information, including the details of my complaint. In the event that I decide against proceeding with my complaint at any time, I understand that the ECB may retain information relating to the complaint so long as it is necessary and lawful.
- I understand that this may include the ECB collecting information about me from the enforcement firm that I have complained about and other people, such as other witnesses or one of our technical advisers. The ECB may also share information about me with the firm and these people.

If you are unable to review the Privacy Notice online please email us at;

Complaints.Team@enforcementconductboard.org

| Signature: | Date: |
|------------|-------|
| | |

Authority to correspond with representative:

If a representative is putting the complaint for you, we would normally need some evidence that you have consented to them putting the complaint on your behalf. You must sign below if you are able to do so.

- I have authorised my representative [named above] to make this complaint for me and provide you the information needed to investigate my complaint
- I authorise the ECB to correspond with my representative with respect to the handling of my complaint and understand that the ECB will share information about me to my representative during this process.

| Signature: | Date: |
|------------|-------|
| | |

If you are unable to sign the box above, we will contact you separately to progress your complaint.