

**Credit Services Association**

2 Esh Plaza  
Sir Bobby Robson Way  
Great Park  
Newcastle upon Tyne  
NE13 9BA

**T:** +44 (0)191 217 0775  
**F:** +44 (0)191 236 2709  
**E:** info@csa-uk.com  
**W:** www.csa-uk.com



Please complete and return this complaint form. For more information about how we will use the personal data you provide, please read our [privacy policy](#). The Authorisation section at the end of this form will also give you more information about our use of your data.

## Complaint form

How did you hear about/who referred you to the Credit Services Association (CSA)?

(This information is for monitoring purposes only)

### Complainant details

Title:  Forename:

Surname:

Full address:

Postcode:

Daytime telephone number (inc area code):

Email address:

Preferred method of contact: Letter:

Email:

### Who is your complaint against?\*

\* Please note we can only investigate complaints against members of the Credit Services Association – you can check whether a company is a member on our website [www.csa-uk.com](http://www.csa-uk.com) or by phoning our office on **0191 217 0775**

Name of Member:

Account/reference number:

Account holder name:

Date the problem first occurred:

## Details of your complaint - summary

### Complaint summary

Please summarise your complaint precisely, including dates and names of any employees spoken to. Please note that if you are providing any sensitive information, e.g. information about your health, we will process this exclusively for the investigation of the complaint and for ensuring you receive appropriate treatment, including any necessary adjustments. This information will be shared with the relevant member company for the same purposes.

## Details of your complaint - Code of Practice

### Complaint summary

Please specify the areas of the Code of Practice that you consider the member to have breached (a copy of the Code will have been provided with this complaint form)

## Details of your complaint - steps so far/expectations

### Complaint summary

What have you asked the member to do to resolve your complaint? And what are your expectations for resolution of this complaint?

**Please enclose copies of any documentation supporting your complaint (eg letters, terms and conditions, etc)**

(if you have already supplied this or there are none available, please indicate by selecting the appropriate box below)

- Already sent with previous letter(s)
- Copies enclosed
- None available

**AUTHORISATION**

Please read the authorisation below carefully and ensure that both the complainant and the account holder (if different) sign where indicated.

- Personal data collected in the course of the complaint process will be processed in accordance with our [privacy policy](#), which you can read on our website. A copy is also supplied with complaint packs.
- I / we wish this complaint and the supporting documentation to be considered under the provisions of the Credit Services Association’s Code of Practice and in accordance with the Association’s complaints procedure.
- I / we acknowledge that personal data in this complaint form and supplied in support of the complaint will be processed in accordance with the Credit Services Association’s complaints privacy policy.
- I / we authorise that information will be shared between the complainant, the Credit Services Association and their relevant member company for the purpose of investigating the complaint and addressing any concerns – unless the complainant expressly notifies us of specific information that they do not wish to be shared.
- I / we authorise the Credit Services Association to process personal data for the duration of the complaint investigation and a period of 6 months beyond, for the purpose of any escalation or follow-up concerns.
- I / we confirm this is a true statement of events leading up to this complaint.

**IMPORTANT: READ BEFORE SIGNING**

**Where special category data, such as information about medical or mental health problems, are provided as part of the complaint, we will process this exclusively for the investigation of the complaint and for ensuring you receive appropriate treatment, including any necessary adjustments. This information will be shared with the relevant member company for the same purposes.**

**If there is any information you do not wish to be disclosed to the member company, you must alert us to this before, or at the time of, submitting your complaint form.**

**Signature(s) of Complainant(s)**

(please note that if any account is held jointly both must sign)

**Account holder/complainant (if not an account holder)**

Name:

Signature:

Date:

**Representative/second account holder (if relevant)**

Name:

Signature:

Date:

**What next?**

**Return this form to the following address:**

Credit Services Association, 2 Esh Plaza, Sir Bobby Robson Way,  
Great Park, Newcastle upon Tyne, NE13 9BA

**Provided all is correct, we will raise your concerns with our Member.  
An acknowledgement of your complaint will be sent in due course.**