

Credit Services Association

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Complaint Form

Use this form to ask the Credit Services Association (CSA) to look at a complaint about one of its members.

Before you start

We can only look at complaints about CSA members. You can check if a company is a member on the CSA website [Member Directory](#) or by calling 0191 217 0775.

Please read the [CSA Complaint Process](#) and familiarise yourself with how we might be able to help you with your complaint.

You must follow the member firm's own complaint process before you can raise a complaint through our service.

You must have received the member firm's response to your complaint and provide CSA with a copy of that response alongside this completed form. If you have not been provided with a response under the member firm's complaint process, please tell us when you raised your complaint with them.

What you will need

- ☐ Your account or reference number, if known
- ☐ The Final Response from the CSA member firm, if you received one
- ☐ Any supporting documentation that would assist us in our investigation

How to use this form

- Answer the questions you can
- Write "not known" if you do not know an answer
- Ask someone you trust to help if you need it
- Tell us if you need the form in another format or need help to make your complaint

Complaint Form Declaration

I confirm that:

- ☐ The Final Response from the CSA member firm, if you received one
- ☐ Any supporting documentation that would assist us in our investigation

Alternatively

Where no Final Response has been provided within the applicable response period, I have attached evidence demonstrating that the complaint was raised with the member and that the response deadline has expired.

- ☐ I confirm that the alternative statement applies to my complaint

How did you hear about the CSA?

This question is for monitoring only

Step 1: Your Details

Title (Optional)		
First Name		
Last Name		
Address		
Post Code		
Telephone		
Email		

How would you like us to contact you?

- ☐ Email
- ☐ Letter
- ☐ Phone

Do you need any help or reasonable adjustments to complete this form?

For example, you may need large print, Braille or Plain Text.

Tell us what would help (optional)

Continues on next page

Sensitive Information

- You may give us information about your health or other private matters if it is relevant
- We will use it to look at your complaint and to make any adjustments you need
- We may share relevant information with the CSA member
- Tell us below if there is specific information you do not want us to share

Who is your complaint about?

Name of the CSA Member	
Account or reference number (if known)	
Name of the account holder (if known)	
Date the issue first happened	

Step 2: Tell us what happened

Summarise your concerns and what made you complain to the member firm originally

Continues on next page

Why are you unhappy?

Tell us why you're not happy with the response you have received from the member firm

Step 3: What should happen next?

What did you ask the member to do?

Continues on next page

What would you like to happen now?

Tell us what outcome would resolve your complaint.

Continues on next page

Step 4: Permission and signature

Permission to handle my complaint

By signing this form, I confirm that:

- The information I have provided is true and correct
- I want the CSA to consider my complaint under its Code of Practice and complaints procedure
- The CSA may use my personal information to investigate my complaint
- The CSA may share relevant information with the member to investigate and respond to my complaint, unless I have told the CSA not to share specific information
- The CSA may keep and use my information during the complaint and for 6 months after the investigation ends, for any follow-up or appeal
- Any health or other sensitive information I provide may be used only to investigate my complaint, arrange support or adjustments, and shared with the member for those purposes

Important

If the account is in joint names, both account holders should sign.

If a representative is making the complaint, complete both signature sections where relevant.

Account holder or complainant

Full Name

Signature

Date

Representative or second account holder, if relevant

Full Name

Signature

Date

Send your form

Email: complaints@csa-uk.com

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