**COMPLAINT FORM**

**This form should be completed in full and returned to the association with any other documentation or evidence which supports your complaint. Please ensure you have read CIVEA’s complaints procedure before completing this form.**

**Please return the completed form to: CIVEA, PO Box 745, Wakefield, WF1 9RJ or email: complaints@civea.co.uk**

Title *(please tick):*

Mr  Mrs  Miss  Ms  Other *(please state)* \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Full Name: |  |  |  |  |

Full Postal Address:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  |  | | |
| Telephone: |  | | Email |  | | | | | |
| Member Company Name and Reference Number(s): | |  | | |  |  | | |  | |
|  | |  | | |  |  | | |  | |
|  | |  | | |  |  | | |  | |

What type of debt does your complaint relate to? *(please tick)*

*Please see our complaints procedure which explains which complaints CIVEA can investigate*

HMCTS  National Highways  Child Support Agency

Commercial Rent Arrears  Other *(please state)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint Summary** *(please tick which apply)*

Conduct of the Enforcement Agent □

Conduct of Office Staff □

Correspondence from Company □

Fees and Charges □

Disputed Visits □

Failure to follow correct procedures □

I am not responsible for the debt □

Court order obtained in error □

Payment arrangements unrealistic □

Incorrect seizure of goods □

Other (please state) □

Vulnerability □

Please provide brief details of your complaint on a separate sheet.

**I, the undersigned, hereby authorised the Chief Executive Officer of CIVEA to obtain any information held on me by the above-named agency in order to investigate the complaint herein in accordance with the Data Protection Act 2018.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_