

COMPLAINT FORM

Complainant (or representative) *The person whom we will write to*

Mr/Mrs/Miss/Ms Forename (s): _____

Surname: _____

Full Address: _____

_____ Postcode: _____

Daytime Tel No (inc code): _____

(Please note best time to call)

Details of Complaint: *Please summarise your complaint precisely, including dates and names.*

(Please continue on a separate sheet if necessary)

COMPLAINT FORM Continued

What would you like CCI Credit Management to do to help resolve this issue?

Please provide copies of any available letters and documents
(please mark relevant section in the field below)

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

What you should do now:

Return this form to CCI Credit Management Ltd, with any relevant copies of any correspondence and documents relating to this complaint to the address above.

Signature (s) of Complainant (s) *(please ensure that if any account is held jointly **both** must sign)*

DATE: _____