



(for FSA use only)

# Complaints return

FSA Handbook Reference: *DISP* 1 Ann 1R  
This is the report referred to in *DISP* 1.5.4R

1 December 2002

Please read the notes on pages 7 and 8 before completing this return

## Firm details and reporting period

## Section 1

1.01	FSA firm reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.02	Name of firm	<input type="text"/>					
1.03	Reporting period	From	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>

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## Nil return declaration

## Section 2

A Nil Return may only be declared where

a) no complaints were received during the reporting period,

AND

b) no complaints were outstanding at the beginning of the period.

**SECTIONS 1, 3, 4 AND 9 MUST STILL BE COMPLETED.**

2.01 We wish to declare a Nil Return  
(Tick the box if applicable)

Nil return

**3.01** Who should the *FSA* contact at the *firm* in relation to this return?

<b>a</b>	Forename	<input type="text"/>	
<b>b</b>	Surname	<input type="text"/>	
<b>c</b>	Title	<input type="text"/>	
<b>d</b>	Job title	<input type="text"/>	
<b>e</b>	Department	<input type="text"/>	
<b>f</b>	Telephone	<input type="text" value="Area code"/>	<input type="text" value="Number"/>
<b>g</b>	Fax	<input type="text"/>	<input type="text"/>
<b>h</b>	E-mail	<input type="text"/>	

This information is required under *DISP* 1.5.11R. This information will be included in the public record and may be used by consumers to contact the firm. The contact point may be a named individual, a job title, or a department (see *DISP* 1.5.12G).

**4.01 Contact point for complaints**

<b>a</b>	Forename	<input type="text"/>	
<b>b</b>	Surname	<input type="text"/>	
	Title	<input type="text"/>	
<b>c</b>	Job title	<input type="text"/>	
<b>d</b>	Department	<input type="text"/>	
<b>e</b>	Address of firm	<small>Number</small>	<small>Street</small>
		<input type="text"/>	<input type="text"/>
	Locality	<input type="text"/>	
	Town	<input type="text"/>	
	County	<input type="text"/>	
	Country	<input type="text"/>	
		Postcode	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<b>f</b>	Telephone (This may be a helpline number)	<small>Area code</small>	<small>Number</small>
		<input type="text"/>	<input type="text"/>
<b>g</b>	Fax	<input type="text"/>	
<b>h</b>	E-mail	<input type="text"/>	

PRODUCT TYPE	CATEGORY	Over-charging/ Incorrect charges	Delays	Other admin	Unsuitable/ Misleading advice	Failure to carry out instructions	Poor Customer Service	Misleading advertising/ product info	Disputes over sums/ amounts payable	Switching Churning	Breach of contract	Other	TOTAL
FSAVC													
Personal Pension													
Stakeholder Pension													
Mortgage Endowment													
Other Endowment													
Whole of Life													
Permanent Health													
Term Assurance													
PEP/ISA													
Unit Trust/OEIC													
Investment Bond													
Share/Derivative													
Current Account													
Deposit/Savings													
Loan Secured on Land													
Other Loans													
General Insurance	• Motor												
	• Property												
	• Other												
Other													

**Grand Total**

**If no private individual complaints were received during the period, tick the box and go to Section 6**

PRODUCT TYPE	CATEGORY	Over-charging/ Incorrect charges	Delays	Other admin	Unsuitable/ Misleading advice	Failure to carry out instructions	Poor Customer Service	Misleading advertising/ product info	Disputes over sums/ amounts payable	Switching Churning	Breach of contract	Other	TOTAL
FSAVC													
Personal Pension													
Stakeholder Pension													
Mortgage Endowment													
Other Endowment													
Whole of Life													
Permanent Health													
Term Assurance													
PEP/ISA													
Unit Trust/OEIC													
Investment Bond													
Share/Derivative													
Current Account													
Deposit/Savings													
Loan Secured on Land													
Other Loans													
General Insurance	• Motor												
	• Property												
	• Other												
Other													

**If no small business complaints were received during the period, tick the box and go to Section 7**  **Grand Total**

## Complaints closed during reporting period

## Section 7

- 7.01 Number of complaints closed **within 4 weeks**
- 7.02 Number of complaints closed **after more than 4 weeks but less than 8 weeks**
- 7.03 Number of complaints closed **after more than 8 weeks**

  
  

## Complaints outstanding

## Section 8

- 8.01 Number of complaints outstanding as at reporting period **start** date
- 8.02 Number of complaints outstanding as at reporting period **end** date

  

## Declaration and signature

## Section 9

Knowingly or recklessly giving the *FSA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000) and a breach of regulatory requirements.

In signing this form, the *firm* acknowledges that the data supplied may be used by the *FSA* in a variety of different ways (including making it publicly available) in support of its principal functions and statutory objectives as provided for under the Financial Services and Markets Act.

**I confirm that I have read the notes and that the information given in this return about complaints received by the firm named at Section 1.02 is accurate and complete to the best of my knowledge and belief.**

- 9.01 Name of *person* signing on behalf of the *firm*

- 9.02 Job title

- 9.03 Signature

- 9.04 Date

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Address for postal submission of returns:

The Financial Services Authority  
P O Box 35747  
London E14 5WP  
United Kingdom

Website: <http://www.fsa.gov.uk>

## Notes on completion of this return

This return is the report referred to in *DISP* 1.5.4R and is to be used to notify the *FSA* of the total number of complaints received by a *firm* during the reporting period. Only complaints subject to *DISP* 1.4 – *DISP* 1.6 should be included in this return.

### Reporting period

The two annual reporting periods are from 1 April to 30 September, and from 1 October to 31 March (*DISP* 1.5.6R). Returns must be submitted **within one month** of the end of the relevant reporting period.

### Completing this return

The return must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates must be provided in numeric form (e.g. 29/02/2002 for 29 February 2002).

Expressions in italics have the meaning given in the *Glossary* to the *FSA's Handbook* (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*).

The *firm* is responsible for the accuracy of the data and completion of the return.

### Section 2 – Nil Returns

If no complaints of any kind have been received during the reporting period, and no complaints were outstanding at the beginning of the period, the *firm* may submit a **NIL RETURN** by ticking the relevant box on the front of the form. **Sections 1, 3, 4 and 9 must still be completed.**

### Section 4 – Complaints contact details

Details of a contact point for complainants must be provided in accordance with *DISP* 1.5.11R for inclusion in the public record. This must include at least a name, or a job title, or a department name, but need not include all three.

### Section 5 – Private individual returns

Records of complaints as received from private individuals subject to *DISP* 1.4 – *DISP* 1.6. *Firms* should report all complaints received during the reporting period, even where the complaint has not been, or is unlikely to be, upheld by the *firm*.

Firms should report complaints received in the single category that best reflects the main allegation (whether of financial loss, material distress or material inconvenience) as described by the complainant.

*DISP* 2.4.3R provides further information on the definition of an *eligible complainant*.

Enter the number of complaints for each product according to the category of complaint. **Leave blanks where no complaints have been received.**

Enter a **total** for each product type for which you have received complaints and complete the **grand total** at the bottom of the page.

**If no private individual complaints have been received during the period, tick the box at the foot of the page and go to the next section.**

## Section 6 – Small business returns

Records of complaints subject to *DISP* 1.4 – *DISP* 1.6 received from *eligible complainants* other than private individuals. This section should include complaints from:

- small business customers (with a turnover of less than £1million a year);
- charities (with an income of less than £1million a year); and
- trustees of a trust (with assets of less than £1million);

who are *eligible complainants* as defined in *DISP* 2.4.3R.

*Firms* should record all complaints received during the reporting period and apply the categorisation that best reflects the original complaint, even where the complaint has not been, or is unlikely to be, upheld by the *firm*.

Please complete as for Section 5.

**If no small business complaints have been received during the period, tick the box at the foot of the page and go to the next section.**

## Section 7 – Complaints closed during reporting period

Indicate the number of complaints, subject to *DISP* 1.4 – *DISP* 1.6, closed during the reporting period shown at Section 1.03 of this form within each of the timescales shown. See *DISP* 1.5.7R for the rules governing when a complaint is considered to be closed.

## Section 8 – Complaints outstanding

Give the numbers of complaints subject to *DISP* 1.4 – *DISP* 1.6 outstanding at the **start** of the reporting period and the **end** of the reporting period.

## Section 9 – Declaration & signature

The declaration must be signed by an appropriate individual for the *firm*.

## Submitting this return

Full details on the acceptable methods of submitting this form may be found in the *FSA Handbook* at *SUP* 16.3 as modified by *DISP* 1.5.10R. Reports may be sent by post to the address below.

**If you have any questions or need help with this return, please approach your usual supervisory contact at the FSA.**

REPORTS SENT BY POST MUST BE ADDRESSED TO:

THE FINANCIAL SERVICES AUTHORITY  
P O BOX 35747  
LONDON E14 5WP  
UNITED KINGDOM

Hand delivered returns should be marked **for the attention of the Contact, Revenue and Information Department** and be delivered to 25 The North Colonnade, Canary Wharf, London E14 5HS.