

Complaints form

Your details

Forename(s)	
Surname	
Position (if relevant)	
Business name (if relevant)	
Address	
Post code	
Daytime tel. no.	
Email address	

Details of your complaint

Complaint summary (please summarise your complaint precisely, including dates and any names of employees spoken to)
Have you already asked someone to resolve your complaint? If so who, and what were you told?
What action would you like us to take?

Please enclose copies of any documentation supporting your complaint (e.g. letters, terms and conditions, etc.)

Signature of complainant

Complainant name:

Signature:

Date:

Please return this form to the following address:

Evette Orams
Hilton-Baird Financial Solutions Ltd
Woollen Hall, Castle Way
Southampton, Hampshire
SO14 2AW

An acknowledgement of receipt of your complaint will be sent in due course.