

**BSB Service Complaints Form**

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| **Part 1 – Your details** | | | |
| **Full Name:** |  | | |
| **Address including postcode:** |  | **Daytime phone number:** |  |
| **Email address:** |  |
| **Preferred method of contact:** |  |
| **Part 1a – Completing the form on behalf of someone else**  Name of the person you are filling in the form for: | | | |
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| **Part 2 – Details of your complaint**  Please provide a concise account of your concerns, names of people involved, and expected or preferred resolution. You may wish to attach relevant documents or emails.  **Please do not send original documents**. | | | |
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| **Date** | | | |
| * The BSB will treat your personal data in accordance with the Data Protection Act. | | | |