

## Complaint Form

Please use this form to tell us about your complaint.

### Use and disclosure of information

We have appointed Sir William Blackburne, a retired High Court Judge, as an Independent Third Party to add a robust, transparent and independent step to the complaints process. A team of assistants and advisors will also be appointed to assist the Independent Third Party in overseeing the handling of complaints.

Please note we will share all the information that we have gathered in relation to your complaint with the Independent Third Party and his team, including the information you provide in this form, and information held by us in relation to your business. This may include (i) information about the business as a customer (including account information and records of financial transactions), and (ii) personal data (including sensitive personal data) relating to you and any relevant account holders, employees, contractors, directors and partners of the business. The Independent Third Party and his team will ensure that this information is kept confidential.

You should aim to provide us with all relevant information in this complaint form. In the event that you find a critical piece of information after your initial submission, it may be possible to incorporate it into our assessment; however, the provision of further information at a later stage in the process is likely to result in a delay to the issuing of your outcome. If you are not sure about anything – or have difficulties filling in this form – please contact us using the below contact details:

Telephone (UK): 0800 0294 370

International: +44 184 222 6142

Telephone (ROI): 1800 882 779

Text Relay (UK): 18001 0800 0294 370

Please return this form and any additional documents that you wish to be considered to:

Email: [GRGCustomerHelpdesk@rbs.co.uk](mailto:GRGCustomerHelpdesk@rbs.co.uk)

Post: GRG Customer Helpdesk, PO Box 71875, London N1P 1WZ

### Please give us the details of the business and your relationship to the business

Its full official name or former name		Is the business dissolved?	
Your relationship to the business, including whether this is a current or former position*		Registered company number	
Its registered address		Its correspondence address (if different)	
Its annual turnover	£	Number of employees	

\* e.g. shareholder, director, insolvency practitioner or partner

**Please give us your details**

First name(s)		Title	
Surname			
Address			
Phone		Email	

**Please indicate if the business has been or is currently in one of the following?**

Administration <input type="checkbox"/>	Administrative Receivership <input type="checkbox"/>	Liquidation <input type="checkbox"/>	Bankruptcy <input type="checkbox"/>	Sequestration <input type="checkbox"/>
Insolvency Practitioner				
Their phone		Their email		
Their address				

**If you have asked someone to represent the business, please give us their name and details**

Their name				
The capacity in which they are acting*				
Address for writing to them (include postcode)				
Their phone		Their email		

\* e.g. a solicitor, accountant or registered claims management company

**Related proceedings**

Have you previously commenced legal proceedings against the bank or made a referral to the Financial Ombudsman Service (FOS) or the Financial Services and Pensions Ombudsman (FSPO) about the bank in relation to this matter?	Yes*		No	
*If yes, please provide details, including the Claim Number or FOS/FSPO reference number if possible				

**Please tell us what your complaint is about**

- Please explain in as much detail as possible what your complaint is about, including the date range(s) to which your complaint relates. If you require more space to detail your complaint, please use as many additional pages as needed or desired, and attach them when submitting your complaint form to us.
- Please also attach any documentary evidence in support of your complaint.

**How do you want the bank to put things right for you?**

**Accessibility and practical needs**

Do you have any practical needs where we could help – by making adjustments like using large print, Braille or a different language?

Yes\*

No

\* If Yes, please tell us how we can help you

**Signature**

**Date**

You need to sign, even if someone else is complaining on your behalf. This shows us that you have given them your permission to complain on your behalf.