



Utilities ADR complaint form

Welcome to our Utilities & Home services complaints form. To proceed with your complaint please follow the 6 steps below and provide all of the information requested.

To be eligible to make a complaint against a company, you must have already complained to the company directly in writing and either received a final written response (sometimes referred to as a 'deadlock letter') or given the company eight (8) weeks to respond to your dispute. Utilities ADR by The Retail Ombudsman can only deal with unresolved complaints.

In order to complete this complaint form you will need the following information to hand:

DECLARATION

You are required to agree to our terms stated on the declaration page.

ELIGIBILITY

This will confirm if your complaint is eligible to be processed at this time by asking you questions and for information about dates of the complaint.

ABOUT YOU

Your full contact information.

COMPANY DETAILS

Full contact information of the company including name, phone and email details of the company contact with whom you have been corresponding about your complaint.

ABOUT YOUR COMPLAINT

- Full details of the purchase or service
- Full details of the complaint
- Accurate dates of any purchase of goods/services etc

You will be asked to state your desired outcome.

EVIDENCE & SUPPORTING FILES

- Images of any receipts
- Any images to support your complaint
- Any email exchanges with the retailer(saved into a MS word document or a text file)
- Scans or images of any physical letters

To proceed with your complaint please follow the steps below and provide all of the information requested.

Your declaration

Please read and sign this declaration:

- I would like UtilitiesADR to look into my complaint.
- I understand and acknowledge that UtilitiesADR will need to use my personal information (including sensitive or personal information) and that UtilitiesADR may need to share some or all of this information with the company with whom I have a complaint.
- I understand and acknowledge that UtilitiesADR may publish the Ombudsman's final decision. I agree to provide true, accurate and full information about my complaint.
- I agree to provide true, accurate and full information about my complaint

Signature

Date

 / /

Eligibility to use the Utilites ADR

Before proceeding further we need to double check that you are eligible to bring your complaint to Utilites ADR at this time.

Yes No

Have you complained direct to the company in writing/email?

Yes No

Has the company responded to you within in 8 weeks

Yes No

Did the company reject your complaint:

Yes No

Has the company provided a final response?

Yes No

Did you reject their final response?

Company's final response (You must have a retailer's final response to proceed)

Please add the final response that you received from the company here, it is imperative that you use the exact wording that the company has provided to you, if you have an official letter, please attach a copy.

Your Details



Title:	<input type="text"/>		
First name :	<input type="text"/>	Last name :	<input type="text"/>
Address :	<input type="text"/>	Address :	<input type="text"/>
Town/City :	<input type="text"/>	County :	<input type="text"/>
PostCode :	<input type="text"/>		
Phone:	<input type="text"/>	Mobile :	<input type="text"/>
Email :	<input type="text"/>		

Company details



We now need to know who the Company is that you are complaining about and details of your complaint.

Please give the contact details of the head office or shop contact to whom your complaint has been officially made.

Company name :	<input type="text"/>	Branch name of company :	<input type="text"/>
Company contact name :	<input type="text"/>	company contact phone :	<input type="text"/>
Address :	<input type="text"/>	Address :	<input type="text"/>
Town/City :	<input type="text"/>	County :	<input type="text"/>
PostCode :	<input type="text"/>	Email:	<input type="text"/>

Your complaint details



Where was your purchase made :

High Street Online Shop Website address:

Complaint incident or reference number (if provided by the company) :

Please select the type of purchase

Goods Services Product /Service name

Date of purchase : day / month / year

/ /

Time of transaction : hour / min

/

An exact time of a transaction could speed up the claim process greatly, please check your receipt.

Date of initial complaint to the company : day / month / year

/ /

Method of payment

cash credit card debit card PayPal

other

What is the type of your complaint

Please choose from the categories below and answer any relevant questions within that category

- | | |
|---|--|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Combined Heat and Power |
| <input type="checkbox"/> Rollover Contracts | <input type="checkbox"/> Renewable Energy Products & Services |
| <input type="checkbox"/> Business Electricity Bills | <input type="checkbox"/> Half Hourly Tariffs |
| <input type="checkbox"/> Smart Meters | <input type="checkbox"/> Energy Efficiency Services |
| <input type="checkbox"/> Tariff disputes | <input type="checkbox"/> Heat Network Operator or ESCo (Energy Services Company) |
| <input type="checkbox"/> Back Billing | |
| <input type="checkbox"/> Contract Disputes | <input type="checkbox"/> Other (please specify below) |

Other type of complaint

Please give a description of any other issues, please use a separate sheet if required.

What is your desired outcome?

Description and history of your complaint : please continue on a separate sheet if required.

Evidence & supporting files

It is important that you provide as much evidence as possible to support your complaint as our recommendations and determinations are based on fact and evidence.

This part of your complaint is very important. We therefore urge you to supply as much evidence as possible.

Please go through each evidence category below and tick the box to confirm that you have enclosed the relevant information.

Receipts Email Letters Pictures

Please note that we will not begin processing your complaint until we are satisfied that we have received all relevant evidence therefore please enclose all the evidence at this stage.

Our contact details

Please post this form and all accompanying evidence to our address:

12 Walker Ave, Stratford Office Village, Wolverton Mill, Milton Keynes MK12 5TW

Phone: 0203 598 7390

Email: enquiries@utilitiesadr.co.uk

Website: www.utilitiesadr.co.uk

Company information:

The Retail Ombudsman is authorised by the Secretary of State and is an approved alternative dispute resolution provider pursuant to the Alternative Dispute Resolution service for Consumer Disputes (Competent Authorities and Information) Regulations 2015.

Data Protection Registration reference: ZA093108