

# Complaint Form



I hereby request a determination of my complaint as described below.

**Name:** \_\_\_\_\_

**ICCL Reference No:** \_\_\_\_\_  
(if applicable)

**Contact Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Address for correspondence:** \_\_\_\_\_  
(if different from above)

**Name and Address of Representative (if using):** \_\_\_\_\_  
\_\_\_\_\_  
*Note:- Letter of Authority to be included*

Please fill out the following section with as much detail as possible in order to assist the Chief Operations Officer of the Investor Compensation Company DAC to understand your complaint or dispute. Please attach any additional sheet(s) if needed and enclose relevant supporting documentation, as required.

**Brief Description of Complaint / Dispute:**

**Approximate date(s) to which Complaint / Dispute relates:**

**Nature of Resolution being sought:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(By the Complainant)

I consent to any information being disclosed to the representative named above.

Please return this form by e-mail to [complaints@investorcompensation.ie](mailto:complaints@investorcompensation.ie)