

Complaint Form

**Please complete this form in block print, and send it to:
Customer Complaints Management Team, Irish Life, Lower Abbey Street, Dublin 1**

Plan number/s your complaint refers to:

Your Name:

Address:

Occupation:

Email:

Contact Telephone Number:

Third Party Authority

If you wish for us to correspond with a nominated third party in relation to your complaint, please provide their details below:

Name of third party:

Relationship to the nominated third party:

Address:

Contact telephone number:

Email:

Plan owner's signature 1: Date: / /

Plan owner's signature 2: Date: / /

Summary of your complaint:

We ask that you are careful to ensure you provide us with all issues regarding your complaint to enable us to investigate it thoroughly. In the event that you raise further issues following the outcome of your complaint, these issues will be investigated separately.

How would you like your complaint to be resolved?

Complaint Progress Update:

The Consumer Protection Code specifies that we should provide you with a written update on the progress of your complaint every 20 days; however we aim to exceed this and resolve your complaint within 10 working days. If this is not possible we will write to you with an update on the progress of your complaint and let you know when you can expect a full detailed response.

If you prefer to receive an update on your complaint more frequently than every 10 days, please advise:

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Please advise how we should contact you with this update.

Telephone Email In writing

Declaration:

I confirm that the above information is correct and that I wish for Irish Life to investigate my complaint.

Plan owner's signature 1:

Date: / /

Plan owner's signature 2:

Date: / /