

**Please complete and return to**

Intrum UK Limited  
The Omnibus Building  
Lesbourne Road  
Reigate  
Surrey  
RH2 7JP

Tel: 01737 235 209  
Fax: 01737 887849  
compliance.uk@intrum.com  
www.intrum.co.uk

**1. Your Details**

Intrum Reference Number

Your Name

Address

Postcode

Please circle preferred contact method

Telephone / Email / Letter

Phone Number

Email Address

What is your preferred contact time?

**2. Third Party Details**

**If you are completing this form on behalf of someone else (e.g. solicitor, relative), please complete this section and ensure section 4 is completed and signed.**

Intrum Reference Number

Account Holder Name

Your Name

Address

Postcode

Please circle preferred contact method

Telephone / Email / Letter

Phone Number

Email Address

What is your preferred contact time?



**3. The Complaint**

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Please summarise your complaint, including dates and names of employees spoken to if known

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What can we do to resolve your concerns?

**4. Declaration and Third Party Authorisation details**

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Intrum Reference Number

---

Account Holder Name

---

Address

---

Postcode

---

Date of Birth

To request for a third party to act on your behalf, we first require written authorisation.

Please complete the below information and either return to us at the address provided, alternatively you can scan and email a signed copy to [compliance.uk@intrum.com](mailto:compliance.uk@intrum.com)

I, \_\_\_\_\_

authorise \_\_\_\_\_

[full name of 3rd party] to act in all matters necessary with regards to the above-noted account and confirm they have my full consent with regards to this authorisation.

Authorisation will commence with immediate effect and will expire on

\_\_\_\_\_ [up to a 12-month period.]

I authorise Intrum UK Limited to investigate the issues raised in this complaint.

I confirm this is a true statement of events leading up to this complaint.

Signed \_\_\_\_\_

Date \_\_\_\_\_