

**Complaint Handling Policy for Complainants**

**Purpose of this Policy, and Reasons for Implementation**

In line with the Financial Conduct Authority’s Principle 6 which states:

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| Customers’ interests | A *firm* must pay due regard to interests of its *customers* and treat them fairly |

The Firm introduced this Policy with the aim to provide information on how we will act in the event that we receive a complaint. A copy of this leaflet is given to any client who requests it, and to any complainant where the complaint is acknowledged in excess of 3 business days following receipt. It describes the procedures that we will undertake, which are in accordance with the requirements of our regulator, the Financial Conduct Authority. As part of our commitment to ‘Treating Customers Fairly’, we deem it very important that we have a structure in place.

Your custom is very important to the Firm, and we want you to be entirely satisfied with the service you receive from us. If we do not deliver the standard of service you expect, or if we make a mistake, we will investigate the situation and set about putting matters right as quickly and fairly as possible. All complaints should be referred in the first instance to:

Complaints Officer

**c/o Circle Insurance Services Plc**

5 Nottingham Road

Ravenshead

Nottingham

NG15 9HG

Telephone: 01623 491500

Email: richard.slaney@circleinsurance.co.uk

Where a complaint is non-complex and can easily be resolved, your complaint will be investigated by a person of sufficient experience and competence, and who was not directly involved in the subject matter giving rise to the complaint. They will then issue you with a ‘Summary Resolution Letter’ by the end of 3 business days. However, for more complex complaints, the following procedures will be followed by the Complaints Officer:

**Acknowledging a Complaint**

The Firm ensures that any complaints which are received (either verbal or written), are acknowledged promptly and fairly, and investigated by the Complaints Officer who has sufficient experience and competence, unless they were directly involved in the subject matter giving rise to the complaint, and then another senior person will conduct the investigation.

The **written** acknowledgment of your complaint will outline the results of the investigation if complete, otherwise it will include:

* A statement of the Firm’s understanding of the nature of the complaint, and a request for you to confirm in writing if our understanding is incorrect.
* Confirmation that we will investigate your complaint as quickly as possible, and issue you with a written response detailing our findings

**Investigating a Complaint**

The Complaints Officer will, where it is considered necessary, consult the Adviser/member of staff whose actions or omissions gave rise to the complaint. The investigation will include a full review of the client file, and where necessary, involve contact with third parties such as product providers/insurers to obtain information/clarification.

**Action within 4 Weeks**

If we have not been able to resolve your complaint within 4 weeks, you will receive a written update from us explaining why we have not been able to issue a written response detailing our findings, and we will give you a guide as to when we hope to be in a position to issue you with a ‘Final Response Letter’. Every effort will be made to resolve complaints within the first 4 weeks.

**Action within 8 Weeks**

If we have not been able to resolve your complaint within 8 weeks, you will receive a further written update from us explaining why we have not been able to issue a written response detailing our findings, and we will give you a guide to when we hope to be in a position to issue you a ‘Final Response Letter’. It will also explain the options available to you if you are not satisfied with the progress being made. It will also explain the options available to you if you are not satisfied with the progress being made.

**Completing a Complaint Investigation**

Upon completion of the investigation, we will issue a letter to you which will provide a summary of the investigation, the nature and terms of any settlement, and the final decision on the matter. We will also include a copy of the Financial Ombudsman Service’s explanatory booklet (if not already issued). Any compensation we offer will be fair, and the basis of calculation will be explained.

**Closing a Complaint**

The Complaints Officer will consider a complaint closed if:

* You confirm that you are satisfied with the findings of the investigation and any resolution; or
* No confirmation has been received from you, but 8 weeks has elapsed since we issued our Final Response Letter to you

**Record Keeping**

All new complaints will be recorded within the Firm’s complaint registers by the Complaints Officer, and at each appropriate stage of handling. Details of complaints will be provided to our Regulator; the Financial Conduct Authority in the Firm’s regulatory submissions.

**Referring Complaints to another Firm**

In the event that we receive a complaint where we have reasonable grounds to be satisfied that it relates to advice or services provided by another Firm, we will carry out the following with 5 days of receiving the initial complaint:

* Positively identify the other Firm who we believe are responsible, and establish a current address and point of contact
* Write to the Firm, enclosing a copy of the original complaint letter/notification, explaining why we believe they are responsible for dealing with the complaint
* Write to you explaining the action taken, enclose a copy of letter sent to the other Firm, and invite you to contact the new Firm

**Lloyd’s Business**

If you are:

* a customer of a Lloyd’s insurer
* are UK domiciled
* an individual acting outside your business, trade or profession **or** a business with a turnover or balance sheet of not more than 2 million euros, and fewer than 10 employees

and if you are not satisfied with our ‘Summary Resolution Letter’ or ‘Final Response’ letter, you can ask the Lloyd’s Complaints team to review your case at:

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| **In writing at:** Policyholder and Market Assistance Lloyd’s Market Services G6/86 One Lime Street London EC3M 7HA**By Telephone:** 0207 327 5693**By Email:** complaints@lloyds.com **Website**: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)  |

**Complaints Referred to the Financial Ombudsman Service (FOS)**

The Financial Ombudsman Service (FOS) is an agency for arbitrating on unresolved complaints between regulated Firms and their clients. Full details of the FOS can be found on its website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

If you are not satisfied with our ‘Summary Resolution Letter’ or ‘Final Response’ letter, or if 8 weeks has passed since your complaint was received, and you are an eligible complainant, you may wish to refer the matter to the Financial Ombudsman Service, you must do so directly with them within 6 months of the date of the ‘Summary Resolution Letter’ or ‘Final Response Letter’.

If you do not refer your complaint in time, the Financial Ombudsman Service will not have our permission to consider your complaint, and so will only be able to do so in very limited circumstances. For example, if the Financial Ombudsman Service believes that the delay was as a result of exceptional circumstances. You can contact the Financial Ombudsman Service as follows:

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| **In writing at:** The Financial Ombudsman Exchange Tower London E14 9SR**By Telephone:** 0800 023 4 567**By Email:** complaint.info@financial-ombudsman.org.uk  |

Should any complaint be referred to the Financial Ombudsman Service, the Firm will fully co-operate with them to resolve the complaint. The Firm agrees to be bound by any awards made by the Financial Ombudsman Service, and undertakes to pay fees levied by the Financial Ombudsman Service promptly.