

FIN-NET contact form for cross-border complaints

When to use this form: Use this contact form if you:

- live in one country of the European Economic Area (all EU countries plus Iceland, Liechtenstein and Norway)
- have a complaint against a financial services provider in another country of the European Economic Area
- have complained to the provider but are still dissatisfied and
- want to find out which out-of-court dispute resolution body might be able to resolve the dispute

How to use this form: Please complete the information requested below, and e-mail or post the form to the relevant dispute resolution body in either:

- your own country or
- the country of the financial services provider

There is a list of dispute resolution bodies in each country, along with what they cover, on the [FIN-NET website](#). It will help if you attach a copy of essential documents, in particular, any written response the provider has made to your complaint.

Which language to use: See the [list of FIN-NET members](#) to find out which languages the different resolution bodies can handle. Choose one of these languages to fill in the form. For instance, if you decide to send the form to a FIN-NET member that can handle French and English, fill in the French or English version of the contact form. [You can find the form in all available languages here.](#)

What happens next: The FIN-NET member will tell you whether they are able to resolve your problem, or they may refer you to another member of the network. The resolution body that actually looks at your complaint may ask you to provide additional information or first fill in its own complaint form so that it can assess your case properly.



FIN-NET

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[Other linguistic versions are available here](#)

Information about you	
The country you live in	
Your surname	
Your name(s)	
Your nationality	
Your full address	
Your daytime telephone number	
Your e-mail address	
Information about the financial services provider	
Its full name	
Type of business (e.g. bank, insurer)	
The full address of the office you dealt with	
The telephone number, fax number and e-mail address of that office (optional)	
The country that the office is in	
Information about your complaint	
Brief summary of what the complaint is about	
Date of the facts that generated the dispute	
Reference of the contract, e.g. number of insurance policy (if possible, please attach a copy of the contract)	
Date you complained to the provider (if possible, please attach a copy of your message to the provider)	
Date of provider's last response (if possible, please attach a copy of the response)	
Have you filed any other procedure (court, arbitration board...) about the same facts?	