

RetailADR complaint form

Welcome to our retail complaints form. To proceed with your complaint please follow the 6 steps below and provide all of the information requested.

To be eligible to make a complaint against a retailer, you must have already complained to the retailer directly in writing and either received a final written response (sometimes referred to as a 'deadlock letter') or given the retailer eight (8) weeks to respond to your dispute. RetailADR can only deal with unresolved complaints.

In order to complete this complaint form you will need the following information to hand:

DECLARATION

You are required to agree to our terms stated on the declaration page.

ELIGIBILITY

This will confirm if your complaint is eligible to be processed at this time by asking you questions and for information about dates of the complaint.

ABOUT YOU

Your full contact information.

RETAILER DETAILS

Full contact information of the retailer including name, phone and email details of the retailer contact with whom you have been corresponding about your complaint.

ABOUT YOUR COMPLAINT

- Full details of the purchase or service
- Full details of the complaint
- Accurate dates of any purchase of goods/services etc

You will be asked to state your desired outcome.

EVIDENCE & SUPPORTING FILES

- Images of any receipts
- Any images to support your complaint
- Any email exchanges with the retailer(saved into a MS word document or a text file)
- Scans or images of any physical letters



RetailADR complaint form

To proceed with your complaint please follow the steps below and provide all of the information requested.

Your declaration

Please read and sign this declaration:

- I'd like RetailADR to look into my complaint.
- I understand and acknowledge that RetailADR will need to use personal details about me (including sensitive or personal information) and that RetailADR may need to share some of this with the retailer that my complaint is about.
- I understand and acknowledge that RetailADR publishes the Adjudicator's final decisions, although most complaints are resolved by RetailADR caseworker before they reach the Adjudicator
- I agree to provide true, accurate and full information about my complaint

Signature

Date

 / /

Eligibility to use RetailADR



Before proceeding further we need to double check that you are eligible to bring your complaint to RetailADR at this time.

If the answer to any of the following questions is no, then we can not proceed further with your complaint at this time.

Have you complained direct to the retailer in writing/email?

Yes No

Has the retailer responded to you within in 8 weeks

Yes No

Did the retailer reject your complaint:

Yes No

Has the retailer provided a final response?

Yes No

Did you reject their final response?

Yes No

Retailer's final response (You must have a retailer's final response to proceed)



Please add the final response that you received from the retailer here, it is imperative that you use the exact wording that the retailer has provided to you, if you have an official letter, please attach a copy.

Your Details



Title:	<input type="text"/>		
First name :	<input type="text"/>	Last name :	<input type="text"/>
Address :	<input type="text"/>	Address :	<input type="text"/>
Town/City :	<input type="text"/>	County :	<input type="text"/>
PostCode :	<input type="text"/>		
Phone:	<input type="text"/>	Mobile :	<input type="text"/>
Email :	<input type="text"/>		

Retailer details



We now need to know who the retailer is that you are complaining about and details of your complaint.

Please give the contact details of the head office or shop contact to whom your complaint has been officially made.

Retailer company name :	<input type="text"/>	Branch name of retailer :	<input type="text"/>
Retailer contact name :	<input type="text"/>	Retailer contact phone :	<input type="text"/>
Address :	<input type="text"/>	Address :	<input type="text"/>
Town/City :	<input type="text"/>	County :	<input type="text"/>
PostCode :	<input type="text"/>	Email:	<input type="text"/>

Your complaint details



Where was your purchase made :

High Street Online Shop Website address:

Retailer complaint incident or reference number (if provided by the retailer) :

Please select the type of purchase

Goods Services Product /Service name

Date of purchase : day / month / year

/ /

Time of transaction : hour / min

/

An exact time of a transaction could speed up the claim process greatly, please check your receipt.

Date of initial complaint to the retailer : day / month / year

/ /

Method of payment

cash credit card debit card PayPal

other

What is your desired outcome?

Description and history of your claim : please continue on a separate sheet if required.

What is the type of your complaint

Please choose from the categories below and answer any relevant questions within that category

- Delivery
- Pricing issues
- Product issues
- Issues with service
- Returns
- Other

Delivery

My goods have not arrived Yes No

If yes, please tell us what the retailer promised in relation to delivery

Do you still want the goods Yes No

My goods arrived late Yes No

If yes, please tell us what the retailer promised in relation to delivery

Do you want to reject the goods because they have been delivered late? Yes No

If yes, please explain why

If you have another issue with delivery please explain

Pricing issues

I was charged too much Yes No

please explain why you believe you were charged too much

If you have another issue with pricing please explain

Product issues

The goods are faulty Yes No

If yes, please explain why they are faulty

The goods are not as described Yes No

If yes, How were the goods described

The goods are dangerous Yes No

Please explain why

Parts are missing Yes No

please list the parts that are missing

Product doesn't work Yes No

Please explain why

Other product issues Yes No

please explain the problem that you have experienced

Issues with a service

please explain the service that you purchased and the issue you have

Returns

I want to return the goods as they are faulty Yes No

I want to return the goods as they are not as described Yes No

How were the goods described

Has the retailer offered a refund? Yes No

Has the retailer offered a replacement and then have Yes No

why do you not want to accept the replacement?

The retailer offered a voucher Yes No

why do you not want to accept the replacement?

Did you purchase the goods for yourself ? Yes No

Other type of complaint

Please give a description of any other issues, please use a separate sheet if required.

Evidence & supporting files

It is important that you provide as much evidence as possible to support your complaint as our recommendations and determinations are based on fact and evidence.

This part of your complaint is very important. We therefore urge you to supply as much evidence as possible.

Please go through each evidence category below and tick the box to confirm that you have enclosed the relevant information.

Receipts Email Letters Pictures

Please note that we will not begin processing your complaint until we are satisfied that we have received all relevant evidence therefore please enclose all the evidence at this stage.

Our contact details

Please post this form and all accompanying evidence to our address:

12 Walker Ave, Stratford Office Village, Wolverton Mill, Milton Keynes MK12 5TW

Phone: 020 3540 8063 (please note that we do not accept retail complaints over the phone)

Email: enquiries@retailadr.org.uk

Website: www.retailadr.org.uk

Company information:

RetailADR is authorised by the Secretary of State and is an approved alternative dispute resolution provider pursuant to the Alternative Dispute Resolution service for Consumer Disputes (Competent Authorities and Information) Regulations 2015.

Data Protection Registration reference: ZA093108

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