

Complaints against the Payment Systems Regulator

Please complete all of the boxes below (those marked with an asterisk are mandatory).

Your details

* Surname

* First Name

* Title

Name of Firm
(If applicable)

Firm reference no.
(If applicable)

* Address

* Postcode

* Email Address

* Telephone No.

About your complaint

* Today's date dd/mm/yy

* Date when issue arose dd/mm/yy

(When you first become aware of the circumstances giving rise to your complaint)

* Brief details of your complaint

To be eligible for consideration under the PSR Complaints Scheme your complaint must relate to dissatisfaction with the actions or inactions, of the PSR. You must be directly affected by that alleged action or inaction or be representing someone who is so affected. See the PSR Complaints Scheme on our website for more information.

* Brief details of steps you have taken to date in order to try and resolve this matter
(including any compensation received to date.)

* Misconduct alleged

E.g. mistakes and lack of care; unreasonable delay; unprofessional behaviour; bias; or lack of integrity. You may wish to include copies of correspondence to be considered as evidence with this form. Please note that the PSR may not be able to progress the investigation of your complaint to completion until we have received all the information we require.

* Remedy Sought

This could be an apology, a request for the PSR to consider changing its practices or an ex-gratia payment.

Where to send this form:

- ComplaintsaboutthePSR@psr.org.uk, or
- PSR Complaints Team, The Payment Systems Regulator, 25 The North Colonnade, Canary Wharf, London E14 5HS