



State Savings - Customer Complaint Form for all products except Prize Bonds

Details of Person making complaint

Name: _____
Address: _____

Contact Phone No: _____ Email address _____

Signature: _____ Date: _____

(Response / acknowledgment will be issued within 5 business days of receipt of complaint to the relevant department)

State Savings - service to which the complaint relates (please tick relevant box below)

Repayments Deceased Account Inquiries
New Purchases Other Please specify _____

Account Number(s): _____ Customer ID Number: _____
_____ (if known)

Please specify the details of your complaint and the Product or Service to which it relates: (if you need more space please write overleaf or attach more paper with your comments)

Data Protection Notice – General Data Protection Regulation Update

Please note that by providing information, which includes personal data, to State Savings through this Customer Complaint Form, you are consenting to the processing of such personal data in accordance with our Complaints Procedure and the General Data Protection Regulation (GDPR). While you may withdraw your consent at any time by contacting State Savings, Customer Complaint Unit, GPO, FREEPOST, Dublin 1, D01 F5P2. It may not be possible for us to fully process your complaint if you withdraw your consent. For further information please refer to our Complaints Procedure and the State Savings Terms and Conditions as relevant, which are available at www.statesavings.ie

Official use only

Case Ref No: _____ Channel received: - Counters / Mail / Web Date Recd ___/___/___
Assigned to _____ Date ___/___/___

Acknowledgement issued _____ Date Issued ___/___/___

Interim response (if app) _____ Date Issued ___/___/___

Investigation complete _____ Date Final Response issued ___/___/___

Please send the completed form to: **State Savings, Customer Complaint Unit, GPO, Freepost, Dublin 1, D01 F5P2**
or scan as a PDF and email to Complaints@StateSavings.ie