



# Ireland State Savings - Customer Complaint Form

For all products except Prize Bonds

## PANEL A | DETAILS OF PERSON MAKING COMPLAINT

Title\*  First Name\*  Surname\*

Address (BLOCK CAPITALS)\*  Eircode

Contact Telephone Number\*  Email Address

Signature\*  Date\*

(Response / acknowledgment will be issued within 5 business days of receipt of complaint)

## PANEL B | IRELAND 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)  (i)  (ii)  (iii)  SSCN (if known)

## PANEL C | PLEASE SPECIFY THE DETAILS OF YOUR COMPLAINT

(if you need more space please write overleaf or attach more paper with your comments)

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### Data Protection Notice – General Data Protection Regulation Update

Please note that by providing information, which includes personal data, to Ireland 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 Ireland 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 Ireland State Savings Terms and Conditions as relevant, which are available at statesavings.ie

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

## FOR OFFICIAL USE ONLY

Case Ref No

Channel received:  
 Counters  Mail  Web

Date recorded

Assigned to \_\_\_\_\_

Date Issued

Acknowledgement issued \_\_\_\_\_

Date Issued

Interim response (if appropriate) \_\_\_\_\_

Date Final Response issued

Investigation complete \_\_\_\_\_

