

Kushy Move

COMPLAINT FORM



RETURNING THE FORM

We recommend that you make a copy of this form before sending it to us by post or by email.

Post: 188, Bellenden Road, London, SE15 4BW

Email: admin@kushymove.com

YOUR DETAILS

Full name			
Occupation			
Address 1			
Address 2			
Town			
County		Postcode	
Phone number			
Email address			

MEMBER DETAILS

Full name			
Company name			
Address 1			
Address 2			
Town			
County		Postcode	

COMPLAINT DETAILS

Are you a client of the Member?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you a:	Buyer	<input type="checkbox"/>	Seller	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other please state												

Have you complained using the agent's internal complaints process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what was the outcome?				

Have you approached someone else about your complaint? e.g. TPO, Trading Standards, a solicitor, the courts or the police	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what was the outcome?				

YOUR COMPLAINT

Please set out your complaint below. Enclose any relevant evidence to support your case including the outcome of the agent’s internal complaint’s process.

A copy of this form and any supporting evidence may be forwarded to the Member for comment.

When did the matter occur?	

YOUR PREFERRED RESOLUTION

Please set out how you would like the complaint resolved below.

DECLARATION

I believe the facts stated in this Complaint Form are true. I understand that a copy of this Complaint Form and any other correspondence may be passed by Kushy Move, at their sole discretion, to any other regulatory or statutory enforcement body.

Print name			
Signature		Date	

If you are acting on behalf of the complainant, please enclose a letter of authorisation.