



# **Form F/02: Complaints**

## Change History

Version Number	Date of Issue	Reason for Change	Change Control Reference	Sections Affected
Draft 20150714	14 July 2015	For pre-vendor MAP		All
ICP Housekeeping Version  20150930	25 August 2015	Non-material housekeeping changes	ICP/WRC/CP 001	All
ICP Operational Forms – Consistency Alterations  20161013	13 October 2016	Changes to reflect ICP Change Proposal ICP/WRC044	ICP/WRC044	2
	13 October 2016	For 20161013		As per ICP/WRC044

# Form F/02: Complaints

For use by Retailers

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## To Wholesaler

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This form relates to Process F5 of the Operational Terms and is to be used by the Retailer when it receives a complaint or concern from one of its Non-Household Customers, including one that relates to

- any matter which requires the Retailer to obtain information from the Wholesaler in order to be able to respond to its Non-Household Customer effectively.

If the complaint relates to information from its Non-Household Customer about an unplanned change to Water Services and/or Sewerage Services, including a Drinking Water Supply Change, Sewer Flooding or Other Public Health Risk, it shall not use this form, but follow the Processes set out under part E (Unplanned events and incidents) of the Operational Terms.

If the complaint relates to Water Fittings Regulations or Trade Effluent the Retailer will follow the processes set out in parts F (Monitoring, investigations, complaints and enquiries) and G (Trade Effluent) of the Operational Terms respectively relating to such enquiries.

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Eligible premises and supply point details
3.	Details of complaint or concern
4.	Consent to contact the Non-Household Customer
5.	Declaration

All sections of this form are mandatory.

Mandatory means that the Retailer must provide the requested information wherever it applies to the particular request. If a piece of information does not exist or is not applicable in the circumstances, the Retailer must note this and, where relevant, provide a reason why it is not applicable.

## 1. Retailer details

Retailer name .....

Retailer ID .....

Retailer's own reference .....

Contact name .....

Contact number .....

Contact e-mail .....

## 2. Eligible premises and supply point details

SPID .....

VOA BA Ref, (if not available please provide a reason)  
.....

UPRN (if not available please provide a reason)  
.....

Secondary Addressable Object .....

Primary Addressable Object .....

Address line 1 .....

Address line 2 .....

Address line 3 .....

Address line 4 .....

Address line 5 .....

PAF Address Key (if available) .....

Postcode .....

### Premises type

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Warehouse          | <input type="checkbox"/> Factory |
| <input type="checkbox"/> Agriculture        | <input type="checkbox"/> Shop    |
| <input type="checkbox"/> Holiday chalets    | <input type="checkbox"/> Hotel   |
| <input type="checkbox"/> Site accommodation | <input type="checkbox"/> Office  |
| <input type="checkbox"/> Other              |                                  |

If other, please specify .....

.....

Meter fitted

Yes

No

### 3. Details of complaint or concern

Nature of complaint .....

.....

.....

.....

Complaint reference(s) .....

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.....

Compensation or payment claimed

Guaranteed Service Standard (GSS) failure

Other

None

If other please specify .....

Please indicate if additional material is associated with this form and list the attachments

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### 4. Consent to contact the Non-Household Customer

The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises.

Yes

Please provide contact details below

No

Customer contact details

Contact name at premises .....

Contact number .....

Please indicate if you want to be notified of the date of any visit

Yes

No

## 5. Declaration

I hereby acknowledge and declare that the information provided in this form is correct to the best of my knowledge and up to date at the time of submission.

Signature .....

Date (dd/mm/yyyy) .....

Full name (in capitals) .....

Role in the company or job title .....