 **Claims Management Regulator**

Conduct Report Form

**This form is designed to assist you with reporting your concerns about the conduct and activity of a claims management company (CMC). The Regulator will consider the information to decide if further action should be taken such as compliance advice or enforcement action.**

Sometimes we may need to ask you for further information. However we are not able to give you individual updates about the progress or outcome of any action we may take.

**If you wish to make a complaint about the service you have received from a CMC, you should contact the Legal Ombudsman at** [www.legalombudsman.org.uk/cmcs](http://www.legalombudsman.org.uk/cmcs)**.**

**You can complete this form electronically or print it out and fill it in manually. Please return the form to:**

**Claims Management Regulation Unit**

**57 – 60 High Street**

**Burton on Trent**

**Staffordshire**

**DE14 1JS**

**Or email it to** [contactus@claimsregulation.gov.uk](mailto:consumer@claimsregulation.gov.uk) **with any supporting documents.**

**Data Protection**

**Please be aware that by submitting this form, the information provided may be used to support any future enforcement action against the CMC concerned. On occasions we may need to share your complaint details with the CMC involved.**

**I confirm that I am happy for the information that I have provided to be used in this way.**

**About you**

Are you a customer of a CMC?

Are you a member of the public who has been contacted by a CMC?

Are you a third party acting on behalf of a customer of a CMC?

Are you a business that has had contact with a CMC?

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| **Contact details** |
| Mr  Mrs  Ms  Miss  Other (please specify) |
| First name(s): |
| Surname: |
| Address:  Postcode: |
| Contact telephone number(s): |
| Email address: |

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| **Details of your report** |
| CMC name: |
| CRM licence number: |
| Address:    Postcode: |
| Telephone number: |
| Website address: |
| Date issue occurred: |
| Have you made a complaint to the CMC you are reporting? Yes  No |
| How did you make your complaint? Telephone  Post  Email |
| Have you received a response to your complaint? Yes  No |
| What was the outcome of your complaint (if any): |
| Have you taken your complaint to the Legal Ombudsman? Yes  No |

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| **Please give details of the conduct or activity you wish to report to the Regulator** |
|  |
| Are you supplying any supporting documentation? Yes  No |
| **Can the CMR Unit contact you for further information?** Yes  No |
| How would you like us to contact you? Telephone  Email  Post |