

**Complaint to the Society’s**

**Professional Standards Committee**

(Oct 2023)

Please read SAIF’s Complaint Procedure carefully before you fill in and return this form.

***If you have contacted the National Association of Funeral Directors (NAFD) with the following complaint and the process has commenced then SAIF will not be able address the complaint.***

1. **The client’s details**

**Give your details below.** If an email address is given, we will send you information by email only.

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| --- |
| Your full name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Daytime phone number: Click or tap here to enter text.  E-mail address: Click or tap here to enter text.  Are you the client (*The client is the person who completed the funeral arrangement paperwork)* *please indicate by stating YES or NO:* Choose an item.  If NO, please state relationship to the deceased. Click or tap here to enter text.  As you are not the client please attach written authorisation from the client that they are happy for you to proceed on their behalf. |

1. **Details of the deceased**

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| Name of the deceased: Click or tap here to enter text.  Date of death: Click or tap to enter a date.  Place of death: Click or tap to enter a date.  The date of the funeral: Click or tap to enter a date. |

1. **Details of the Company who the complaint is about**

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| Company’s name: Click or tap here to enter text.  Your main contact at the Company: Click or tap here to enter text.  Correspondence address: Click or tap here to enter text. |

1. **Funeral Plan**

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| Was a funeral plan taken out for the arrangements?: Choose an item.  If yes, please provide the name of the plan provider: Click or tap here to enter text. |

1. **Dispute Details**

In the space below, please tell us what went wrong and who you think is at fault. If you need more space please attached additional pages. Please ensure that you attach all relevant paperwork that relates to the complaint as any additional received after the outcome will not be considered.

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| --- |
| Click or tap here to enter text. |

1. **What would you like the company to do?** (Tick all the boxes that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Give you an apology |  | Give you an explanation |  |
| Take some action |  | Please specifiy what action you would like taken:  Click or tap here to enter text. | |
| Offer a refund / make a donation to charity |  | How much? | £ Click or tap here to enter text. |

1. **Any further comments / information relevant to the complaint**

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| Click or tap here to enter text. |

1. **Consent Form:**

* I consent to SAIF passing all correspondance in relation to this complaint to the SAIF member firm for their response to assist in the resolution of this complaint
* I consent to SAIF keeping a record of all correspondance in relation to this matter for indefinatly within the member firms file. I understand that this information will be used for the following purposes: 
  + - Resolving the present complaint
    - Resolving potential future complaints
    - Learning, training and service improvement for the member firm and SAIF
  + I understand that I can withdraw this consent at any time and am able to request that SAIF deletes all personal data relating to me that is held on the basis of this consent

1. **Client Declaration:**

Please read the statements below before signing the form.

* I have read and understand SAIF’s Complaints Procedure
* I have tried to settle this matter through the company without success & enclose copies of all previous correspondence (if verbal communication a statement of account, photographic evidence, if available, will also be accepted.)
* I am not at this stage pursuing redress through a lawyer or any legal intervention
* I understand that posting about the complaint on social media or other online platforms could jeopardise the investigation. I therefore agree to remove any existing content posted about the complaint and will refrain from posting further content for the duration of the complaints process.
* I agree that the outcome of the complaint is contractually binding but have reasonable time to reflect on the outcome.

Please enter your name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please forward this form and accompanying information / documents to:

**The Professional Standards Committee**

**SAIF Business Centre**

**3 Bullfields**

**Sawbridgeworth**

**Herts, CM21 9DB**

Or by email to [standards@saif.org.uk](mailto:standards@saif.org.uk?subject=Complaint%20Form)