

### **COMPLAINTS PROCEDURE**

Revised: 1<sup>st</sup> April 2019

#### **What constitutes a complaint?**

Any expression of dissatisfaction, whether oral or written, and whether justified or not, from or on behalf of an eligible complainant.

#### **Who is eligible to complain?**

All complaints regardless of whether the complainant is eligible to complain will be dealt with according to this procedure. However, only “eligible complainants” (e.g. private individuals, or small businesses/charities with an annual turnover less than £1m and with an insurance policy administered by us) can refer their complaint to the Financial Ombudsman Service.

#### **How to complain**

We are committed to providing a first class service at all times. However, if a complaint arises we can be contacted by letter, telephone, fax or email as follows:

The Compliance Officer  
Motor Accident Protection Services Ltd  
Imperial Court  
2 Exchange Quay  
Manchester  
M5 3EB  
t. 0161 39 39 336  
f. 08444 171 421  
e. [complaints@mapslegal.co.uk](mailto:complaints@mapslegal.co.uk)

#### **What happens if we receive a complaint?**

We will aim to resolve any complaint at the earliest possible stage. However, if we are unable to resolve a complaint by close of business on the third working day following receipt of a complaint (stage one) we will:

- Within five business days of receiving a complaint, send the complainant a written acknowledgement with details of the person and organisation handling their complaint together with a copy of our complaints handling procedure.
- investigate the complaint. This will be carried out by a senior member of staff who has authority to offer redress and will ensure complaints are handled fairly, consistently and promptly.
- Within four weeks of receiving the complaint, send the complainant a written final response which will offer redress (whether or not complaint is accepted) or reject the complaint giving our reasons for doing so.

#### **What next: Eligible Complainants with an insurance policy?**

If we have been unable to resolve matters at stage one we will pass details of the complaint to the insurer of the policy or their agent so it may be reviewed at the appropriate level. If the complainant remains dissatisfied by their response it may be possible to refer the matter further. Policy documents contain the appropriate complaints procedure including contact details for the insurer and the Financial Ombudsman Service.

We will regard the complaint closed if we do not receive a reply to our final response within eight weeks.