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|  | **Complaint Questionnaire** | Complaint reference:  (HETAS use). |

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| Consumer’s Name: | | | | | | *If you are not the consumer, please provide details of your relationship with the consumer. All further correspondence will be directed to the consumer’s address (unless we receive written authority from said consumer).* |
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| Address (where appliance is installed) | | | | | |
|  | | | | | |
| Contact Details: | | | | | | |
| Tel: | | | Mobile: | | Email: | |
| Details from the Certificate of Compliance\* please provide a copy of the certificate when you return this form | | | | | | |
| Work Completion Date | |  | | Please state the appliance make and model |  | |
| Installing Company Name |  | | | Company’s HETAS Reg. No. |  | |
| Installing Engineer’s Name |  | | | Engineer’s HETAS Reg. No. |  | |

*\*If you have not been issued with a certificate please provide details of the installer’s name and business information; without this information HETAS cannot pursue a complaint on your behalf.*

*\*\*Please note we can only receive complaints of an installation less than 24 months old.*

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| Were you provided with: | | | | | |
| A quotation/estimate?  (If YES, please provide a copy) | Yes  / No | | An invoice?  (If YES, please provide a copy) | Yes  / No | |
| Nature of complaint – Please tick all that apply: | | | | | |
| 1) No certificate of compliance | |  | 7) Installation workmanship | |  |
| 2) Incorrect hearth | |  | 8) Other | |  |
| 3) Insufficient ventilation | |  | 9) MCS | |  |
| 4) No data plate | |  | 10) Carbon Monoxide Detector/Alarm | |  |
| 5) Flue | |  | 11) Hot water/heating system (Wet Installation) | |  |
| 6) Fire protection | |  | 12) Smoke / Nuisance to Neighbours | |  |

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| Has anyone other than the HETAS Registered Installer altered the installation? If so, who? | Yes  / No |  |
| Is the installation subject to legal proceedings? | Yes  / No |  |
| Has payment in full been made to the installer? If not please give details. *ie. date* | Yes  / No |  |

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|  |  |  | Date | |
| Have you informed the HETAS registered business/installer? | Yes  No | If yes, when did you inform them? |  | |
| If yes, have they returned and carried out any remedial work? | Yes  No | What date was this done and please record the action taken (use separate sheet if necessary) |  | |
| Please provide photographs of the installation and problems | Available?  Yes  No | Please provide any other relevant correspondence with the installer, if available | Available? Yes  No | |
| Details | |
| Have you had the installation annually serviced/swept? | Yes  No | If yes, please provide copies of the service/sweep certificates | Available? Yes  No | |
| Please explain the nature of the complaint. Please try to keep your reply concise and relevant to points raised in the prior checkboxes. Please continue on a separate sheet if necessary. | | | | HETAS use only |
|  | | | |  |

Please note: if the information requested on this form is not returned within 10 working days, HETAS will close the complaint and no further action will be taken. Upon receipt, we will review the information and will provide an update on the next course of action. Where the complaint is agreed, the registered installer will be instructed to deal with you directly.

**Please note that our policy for HETAS registered businesses is for the contracted registered installer to return and correct any agreed faults. This will involve us sharing contact details with the installer. Please state if there are details you do not wish to be shared. If you do not wish the installer to return and correct any agreed faults, then this will restrict our options and we may not be able to assist in your complaint.**

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| Where possible, HETAS will utilise Email and Telephone as the preferred method of contact. If no email address is provided, correspondence will be sent by post. | |
| **By signing this questionnaire, I/We declare that I/we have read and understood the terms of the HETAS complaints policy and agree to abide by them. A copy of the full complaints policy is available online or by request.** | |
| \*Signature: | [\*If filling in online please type your name.] |
| Please print your name/s in full: | |
| Date: | |
| Please return this signed Complaint Questionnaire and any accompanying information to:  [**complaints@hetas.co.uk**](mailto:complaints@hetas.co.uk) **OR**  **HETAS Ltd, Severn House, Unit 5, Newtown Trading Estate, Green Lane, Tewkesbury, GL20 8HD.**  Please note HETAS will record and file your details in line with our Complaints Policy and GDPR. | |