



CERBERUS

RECEIVABLES MANAGEMENT

Complaints Form

Your Details

Your Name	
Contact Email	
Company Name	
Position	
Address	
Post Code	
Telephone Number	

Your complaint

Please outline the nature of your complaint

Please can you provide (if applicable) the name of the person you have been in contact with. Please also provide all relevant details with dates and times.

Please provide copies of all relevant documentation which supports your complaint.

Please indicate your preference of how you would like us to correspond

Email	<input type="checkbox"/>
Postal	<input type="checkbox"/>

Signature of Complainant

Name _____

Signature _____

Date _____

Please return to Complaints Officer, Cerberus Receivables Management Ltd, 26 Missouri Avenue, Salford, Manchester, M50 2

Once your complaint is received an acknowledgement of your complaint will be sent to you within 5 working days.

A copy of our complaints procedure will accompany our acknowledgement. This will provide information on how we deal with your complaint.