



Complaint Questionnaire

Complaint reference:
(HETAS use).

Consumer's Name:		<i>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).</i>	
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.*

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

Has anyone other than the HETAS Registered Installer altered the installation? If so, who?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
Is the installation subject to legal proceedings?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	

Has payment in full been made to the installer? If not please give details. <i>ie. date</i>	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
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			Date
Have you informed the HETAS registered business/installer?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	If yes, when did you inform them?	
If yes, have they returned and carried out any remedial work?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	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 <input type="checkbox"/> /No <input type="checkbox"/>	Please provide any other relevant correspondence with the installer, if available	Available? Yes <input type="checkbox"/> /No <input type="checkbox"/>
			Details
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 15 working days, HETAS will close the complaint and no further action will be taken. Upon receipt, the information provided will be forwarded to the HETAS registered business and they will be given 7 working days to respond. 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. 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.

Where possible, HETAS will utilise Email and Telephone as the preferred method of contact. Should you wish to receive main correspondence by post, please tick this box.	<input type="checkbox"/> I agree
By signing this questionnaire and ticking the box, I/We declare that I/we have read and understood the terms of the HETAS complaints policy and agree to abide by them.	<input type="checkbox"/> I agree
*Signature:	[*If filling in online please type your name.]
Please print your name/s in full:	
Date:	
<p>Please return this signed Complaint Questionnaire and any accompanying information to:</p> <p style="text-align: center;">complaints@hetas.co.uk OR</p> <p style="text-align: center;">HETAS Ltd, Severn House, Unit 5, Newtown Trading Estate, Green Lane, Tewkesbury, GL20 8HD</p> <p>Please note HETAS will record and file your details in line with our Complaints Policy.</p>	