

About You - Please complete this form if you have any views on our service.

Title

Surname

All other names

CRU Reference
Number

Injured Persons
National Insurance Number

Address

Phone Number

E-mail

Your Comments and Complaints

Please use the space below. If you need more space, use a separate sheet of paper. Please give us as much information as you can. If possible, tell us which part of the Compensation Recovery Unit and who you dealt with, including dates and times.

Signature

Date

Please return this page to:
Compensation Recovery Unit
Durham House
Washington
Tyne and Wear
NE38 7SF

Thank you for your comments. Your feedback is appreciated.