

Request a review of a decision we have made

Section A Your Details					
The person who submitted the complaint about a public body, or who experienced the problem with our service, should normally fill in this form.					
If you are filling this form in on behalf of someone else, please also complete Section B .					
Your Name in Full					
Address					
Postcode					
Email					
If you provide an email address, we will normally use it for					
correspondence.					
Daytime contact number					
Mobile number					
Ombudsman's case refer	ence number(s) if				
known					

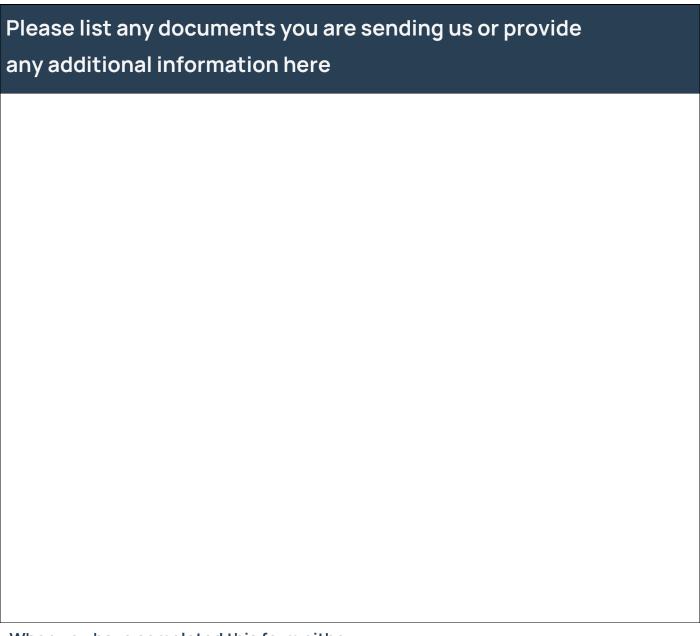
Section B If you are requesting a review on behalf of someone else, please provide their details			
Their Name in Full			
Their Address			
What is your relationship t	o them?		
Why are you acting on the	ir behalf?		
If they can, they should sign here to confirm that they support your action in making this request / complaint			
Their signature			

Your request for a review of a decision by the Ombudsman			
What was the date of your decision?			
If it was more than twenty working days ago, please explain why your request has been delayed.			
What new evidence do you have?			
Why do you think we have not properly considered your complaint?			

What evidence do you think we have not taken into account, and how did you think it
affected our decision?
You will need to provide this information for each point you want to raise.

Remember: we will not be able to look at your review request if you simply disagree with our decision.

If you have documents to support your request, please submit them with this form



When you have completed this form either:

Email it to: Review.request@ombudsman.wales

Or print and send it to: Review Team

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae Pencoed Bridgend CF35 5LJ

We will acknowledge your form within 5 working days of receipt.