

Comment on, or complain about, our service or
Request a review of a decision we have made

Section A Your details

Your name in full

Address

Email

If you provide an email address we will normally use this for correspondence.

Daytime contact number

Mobile number

Ombudsman's case reference number(s) if known

The person who experienced the problem with our services, or who submitted the complaint about a public body, should normally fill in this form. If you are filling this in on behalf of someone else please fill in Section B.

Section B If you are making a complaint/comment or requesting a review on behalf of someone else, please provide **their** details

Their name in full

Address

What is your relationship to them?

Why are you making a complaint on their behalf?

If they can, they should sign here to confirm that they support your action in making the complaint.

Their signature

Section C Is this a comment, complaint or request for a review of a decision made by the Ombudsman?

Is this a complaint or comment about the standard of service provided by the Ombudsman?

Please tick

Please complete Sections D and F

Or

Are you requesting a review of a decision made by the Ombudsman about a complaint involving another public body?

Please tick

Please complete Sections E and F

Please contact us if you need any help completing this form

Section D Your complaint or comment about the service provided by the Ombudsman

What is your complaint or comment about the Ombudsman's service?

Have you suffered personally from this? How?

When did this happen?

Have you tried to resolve this informally?

Who did you deal with?

How can we put things right or improve our service?

If you have documents to support your complaint, please send them with this form.

Section E Your request for a review of a decision taken by the Ombudsman

What is the decision you wish to have reviewed?

What new evidence do you have?

What evidence do you think has not been taken into account by the Ombudsman?
You will need to explain clearly what has not been taken into account for each aspect of your review request.

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

Please note: A request for a review will not be accepted simply because you disagree with the Ombudsman's decision.

Section F Please list any documents attached or provide any additional information

Please email this filled-in form to: Feedback@ombudsman-wales.org.uk

Or print and send it to: Feedback Manager
Public Services Ombudsman for Wales
1 Ffordd yr Hen Gae
Pencoed
CF35 5LJ

Or fax: 01656 641199

Or phone: 01656 641161