

Complaint form

Please use black ink if possible and fill in your name in BLOCK CAPITALS.

A Your details

Title and name

Address and postcode

Email*

Daytime contact number Mobile number

How would you prefer us to contact you? Email Post Phone

Please choose your preferred language for communicating with us. English Welsh

* Email provides a quick and efficient means of communication, but you should be aware that there is always a small risk of messages being intercepted. As a precaution, we will send sensitive or confidential information via Egress Secure Email. A user guide can be found on our website.

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B.

B Making a complaint on behalf of someone else: their details

Their name in full

Address and postcode

What is your relationship to them?

Why are you making a complaint on their behalf?

Authorisation: If you are complaining on behalf of someone else, they must sign here if they are able to.

If they are not able to, please explain why.

You should also provide them with a copy of the Privacy Notice for Complainants & Representatives, to ensure that they understand the way in which their personal information will be processed. We will assume that you have provided them with the notice.

I authorise the above listed person (section A) to act on my behalf in submitting a complaint to the Public Services Ombudsman for Wales. I understand that this may mean that my representative will be able to access my personal or sensitive personal information obtained for one of these purposes.

Their signature

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Complaint form

Continued

C

About your complaint

Name of the public body you are complaining about.

We expect you to have complained to the organisation directly. Have you done so?

Please give brief details of how and when you did so.

Have you had a response from the organisation?

On what date did you first become aware of the problem? If it has been more than 12 months please explain why you have not complained to the Ombudsman before now.

What do you think the organisation did wrong, or failed to do?

Describe how you personally have suffered or have been affected.

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Complaint form Continued

What do you think should be done to put things right? Please refer to our [REMEDIES](#) factsheets available on our website at www.ombudsman.wales

Have you considered Legal Action? If not, why not?

Why are you unhappy with the response to your complaint?

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

Please tick this box if you would like us to return them to you.

D Meeting your needs

Please let us know if you need us to adapt the way we communicate with you. If anything makes it difficult for you to use our service, for example, if you have a disability, please explain in the section below.

We will consider whether your request is reasonable and appropriate in the circumstances. This is because we need to use public money carefully.

If you do not require any help, please leave this section blank.

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E Declaration

I wish for the Public Services Ombudsman for Wales to consider my complaint.

I understand that my complaint form and all material supplied with it may be disclosed in full to the body about whom I have complained, unless I specify otherwise, and may be further used in accordance with the terms of the Public Services Ombudsman (Wales) Act.

Signature

Date

When considering your complaint, the Public Services Ombudsman for Wales will process your personal information, which may include health or social services records if your complaint relates to one of these areas. Further information about how we process your personal information is available in the Privacy Notice for Complainants & Representatives. A copy of this notice is also available on our website at www.ombudsman.wales/privacy-notice/

Please send this filled-in form to:

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ

Phone: **0300 790 0203** (local call rate) Email: **ask@ombudsman.wales** Fax: **01656 641199**