

Public Service Ombudsman for Wales

Complaint Form



Fill in this form to

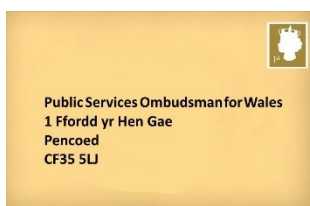
- make a complaint
- complain on behalf of someone else.



Please write clearly

Please use black pen

Please send the form back to:



Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ

For more information:

www.ombudsman.wales

0300 7900203





If you sign the form this is what you agree.



We can:



- Investigate your complaint



Find out more about you. This might

- mean looking at your health records.



If you have support to write this

- form the person supporting you may see your records.



- This form can go to the organisation that you are complaining about.



We have powers under the Public Services Ombudsman (Wales) Act 2019



About the person filling in the form



Name



Address



Email



Emails sometimes aren't private.

If we send you information, we will add a password so only you can read it.



Phone number



About the person who has a complaint



I am filling in the form for myself
(tick)



If you tick this box, please leave the rest of this section blank



I am filling in the form for
someone else.
(tick)



If you tick this box, please fill in the rest of this section



The person's name



The person's address



How do you know them?



Tell us why you are filling in the form



Can the person understand you
are making a complaint for
them? (tick)



Can the person sign their name?
(tick)



If you ticked yes to both questions, please
ask them to sign here.

--



About your complaint



What organisation is your complaint about?



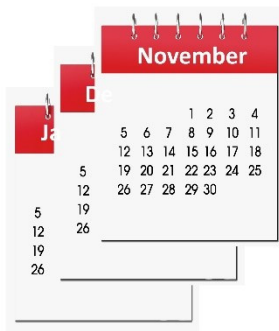
What is your complaint?



How did it affect you?



What do you want them to do to put things right?



Please tell us the date you knew there was a problem.

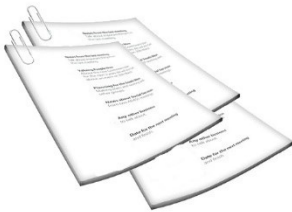


Did you wait over a year to make a complaint to us? Please tell us why?



If you have complained to the organisation, tell us

- what you did
- the date you complained



Please send us any extra information to support your complaint.



Do you want us to send the extra information back to you?

Yes / No



Signed



Date