

Request a review of a decision we have made

Mae'r ffurflen hon hefyd ar gael yn y Gymraeg. This form is also available in Welsh.

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 reference number (s) if known

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 to them?

Why are you acting on their 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 our 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.

Please list any documents you are sending us or provide any additional information here

When you have completed this form:

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.