

## Making a complaint about public services to the Ombudsman

Our ASSIST team is here to help. If you need advice before sending this form, please call us on Freephone 0800 34 34 24

Section 1: Can the Ombudsman investigate your complaint?		
What is the name of the organisation you are complaining about?		
Have you complained to the organisation? $\square$ Yes $\square$ No		
Have you completed the complaints process of that organisation? $\square$ Yes $\square$ No		
Please note if you have answered no to these questions, you should complain to the organisation first and complete this process. If you are not happy with the organisation's final decision, you can then bring your complaint to the Ombudsman to consider.		
When did the event(s) happen?		
When did you first complain to the organisation?		
When did you receive your final response from the organisation referring you to the Ombudsman?		
Please include copies of all your supporting paperwork (in particular the letter from the		
organisation that tells you to take your complaint to the Ombudsman if you remain unhappy).		
If you haven't been able to complain to us within six months of the organisation		
informing you that you can refer your complaint to the Ombudsman, please use this space to tell us why, giving as much detail as possible.		

## Section 2 - About your complaint Please outline the background to your complaint and give a brief description of what you think the organisation failed to do, or did wrongly. Please focus on your outstanding issues of complaint, stating specifically why you don't accept what the organisation complained of has said in its response to your complaint. How have the actions of the organisation affected you? Section 3 – Putting it right What outcome or remedy do you want us to achieve for you?

Are you taking, or planning to take, legal action about your complaint?  — Yes — No If yes, please provide details:			
Section 4 – Person making the complaint			
Please fill in this section with <b>YOUR</b> details			
If you are acting on behalf of someone else you must fill in this section AND Section 5.			
Are you an MLA? ☐ Yes ☐ No			
Your title: ( $\square$ Mr/ $\square$ Miss/ $\square$ Ms/ $\square$ other)			
Your first name: Your surname:			
Your address and postcode:			
rour dadress and posteode.			
Your telephone numbers:  Home:  Mobile:			
Home: Mobile:			
Your email:			
Your signature: Date:			
Section 5 – Acting on behalf of someone else?			
If you are acting on behalf of someone else, fill in this section with <b>T</b> seek further information from you about this.	HEIR details. We may		
Their title: ( $\square$ Mr/ $\square$ Miss/ $\square$ Ms/ $\square$ Mrs/ $\square$ other)			
Their first name: Their surname:			
Their eddress and posts at a			
Their address and postcode:			

Their telephone numbers: Home:	Mobile:			
What is your relationship to this person?				

## Section 6 - Consent

I agree that the person named in Section 4 can make my complaint to the Ombudsman for me. I understand that the Ombudsman's Office may give personal information about me and my complaint to this named person and to the organisation being complained about.

Your signature:	Date:	

We need the person affected by the complaint to sign the consent. If they are unable to sign for any reason, please tell us why below.

## Where to send this completed form:

Freepost: Freepost NIPSO

or The Northern Ireland Public Services Ombudsman

Progressive House 33 Wellington Place

BELFAST BT1 6HN

If you require any information before completing this form, you can contact us in the following ways:

**Telephone**: 028 9023 3821 or **Freephone**: 0800 34 34 24

**Text Phone**: 028 9089 7789

Email: nipso@nipso.org.uk

Or: By calling, between 9.00am and 5.00pm, Monday to Friday,

at the above address.

Please contact us if you would like this form in another language or format (such as large print or Braille)