

Complaint form

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

A Your details

Your name in full

Address and postcode

E-mail

Daytime contact number Mobile number

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?

If they are able to do so, they should sign here to confirm that they support your action in making the complaint.

Their signature

C About your complaint

You may want to continue your answers on a separate sheet if necessary.

Name of the public body you are complaining about

What do you think this body did wrong, or failed to do?

Continue over the page.

Complaint form

ⓐ About your complaint (continued)

How have you suffered personally from this?

What do you think they should do to put things right?

On what date did you first become aware of problem?

Have you already complained to the body concerned? If so, please give brief details of how and when you did so.

If it is more than 12 months since you became first aware of the problem, please give the reason why you have not complained to the Ombudsman before now.

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.

Signature

Date

Please send this filled-in form to:

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ

Phone: 0845 601 0987 (local call rate) Fax: 01656 641199