

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

* E-mail 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 password-protect any sensitive documents we send you by e-mail.

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 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.**

I give my consent for a complaint to be made on my behalf and for the Public Services Ombudsman for Wales to obtain and consider all relevant papers (including medical records where necessary) for the purposes of deciding whether to begin an investigation, or for the purposes of investigating my complaint under the Public Services Ombudsman (Wales) Act 2005 and may be further used in accordance with the terms of that Act. 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

Complaint form

Continued

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 first became 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.

Consent

I consent to the Public Services Ombudsman for Wales obtaining and considering all relevant information for the purposes of deciding whether to begin an investigation, or for the purposes of investigating my complaint under the Public Services Ombudsman (Wales) Act 2005. This may include personal or sensitive personal information (including medical records where necessary) relevant to 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 that Act.

Signature

Date

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) E-mail: ask@ombudsman-wales.org.uk Fax: **01656 641199**