



Office of the Ombudsman

Complaint Form

The Ombudsman examines complaints about most public service providers including:

- Government Departments
- Local Authorities
- Health Service Executive (including public hospitals)
- Publicly funded third-level Education Bodies
- Public and Private Nursing Homes
- Public Bodies covered by the Disability Act, 2005.

The Ombudsman can examine your complaint only after you have tried to resolve your complaint through the service provider's complaints procedure.

You cannot complain to the Ombudsman about bodies such as An Garda Síochána, An Post, Bus Éireann or any private sector organisations.

More information about the service we offer is on our website www.ombudsman.ie or you can contact us by telephone at 1890 22 30 30. You can also make a complaint through our website.

BEFORE COMPLETING THIS FORM PLEASE CHECK THAT:

The Ombudsman can examine a complaint about the service provider

Visit the 'Make a Complaint' section of our website or call us at 1890 22 30 30 to check

You have complained to the service provider in writing

Before contacting us you should complain to the service provider in writing and allow it 6 weeks to respond.

You have received a final response to your complaint

Wait for the service provider's final decision/reply to your complaint – although you may complain to us if there is a long delay in the provider replying to you.

You have used the service providers appeals process

If the service provider has an appeal / review process, please use this option before contacting us.

An Irish version of this form is available on our website or from our office.

SECTION 1: About You

Please provide us with your details.

If you are complaining on behalf of someone else please complete parts A and B.

A: Your Details

Title : Mr/Mrs/Miss/Ms/if other please state:	PPS Number (if relevant)
First Name:	Last Name:
Address:	Phone Number:
	Email:
	Please state by which of the above methods you would like us to contact you: Post/Phone/Email

Your Signature:	Date:
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B: If you are complaining on behalf of someone give their details below:

Title : Mr/Mrs/Miss/Ms/if other please state:	PPS Number (if relevant)
First Name:	Last Name:
Address:	Phone Number:
	Email:
	Please state by which of the above methods you would like us to contact you: Post/Phone/Email

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

Consent

I authorise the person named in Part A to make my complaint to the Ombudsman. I understand that the Ombudsman may give personal information about me and my complaint to this named person and the organisation being complained about.

Signature:	Date:
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SECTION 2: About Your Complaint

1. Which public sector provider is your complaint about?

2. What Scheme or Benefit is your complaint about? (if applicable)

3. When did the action you are complaining about happen?

Unless there are special circumstances, we cannot look into a complaint if it is made more than 12 months after the action or the time you became aware of the action.

Date: __/__/__

4. What do you wish to complain about?

Please give us the the main points of your complaint

Tell us what you think the public service provider failed to do or did wrong

(You can continue overleaf)

To support your case please send copies of any letters, emails or contacts with the Public Service Provider. Include any information you think might help us. Original documents will be copied and returned to you. All information is treated as confidential. If you need more space please use extra pages and attach them to this form.

Tell us how you have suffered as a result of what happened

Please tell us what result would you like us to achieve for you

**When you have completed this form, send it by FREEPOST to:
Office of the Ombudsman, 18 Lower Leeson Street, Freepost F5069, Dublin 2. D02 HE97**

THIS SECTION IS FOR OFFICE USE ONLY

How was the Complaint received?	Post <input type="checkbox"/>	CIC <input type="checkbox"/>	Office visit <input type="checkbox"/>	Regional <input type="checkbox"/>
Status of the complaint	Within Remit <input type="checkbox"/>	Premature <input type="checkbox"/>	Outside Remit <input type="checkbox"/>	General Enquiry <input type="checkbox"/>

PROVIDE DETAILS BELOW OF FURTHER ACTION TO BE TAKEN BY THE OFFICE (IF ANY):

Case workers should ensure that all sections of this form are completed.

CASE WORKER SHOULD SIGN AND DATE HERE:

NAME	DATE	SIGNATURE
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