



Office of the Ombudsman

Complaint Form

We examine complaints about **most** organisations that deliver public services including:

- Government Departments
- Local Authorities
- Health Service Executive (including public hospitals)
- Publicly funded third-level Education Bodies
- Nursing Homes (Public and Private)
- Bodies providing Direct Provision services.

We can normally only look at complaints after they have been through the organisation's complaints process and after you have received their final reply.

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

**It's easier to make a complaint through our website www.ombudsman.ie
Call us at 01 639 5600 if you need help**

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 01 639 5600 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.

Your personal data will be protected in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

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):	Address: (Required)
First Name:	
Last Name:	
Phone Number: (Required)	Eircode:
Email:	How would you like us to contact you: By phone [] By e-mail [] By letter []

My complaint relates to the health sector. I give consent to having medical records relevant to the complaint made available to the Ombudsman: Yes [] No []

Your Signature:

Date:

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

Title : Mr/Mrs/Miss/Ms (if other please state):	Address: (Required)
First Name:	
Last Name:	
Phone Number: (Required)	Eircode:
Email:	How would you like us to contact you: By phone [] By email [] By letter []

To allow you to complain on behalf of someone else we need the person affected to sign the consent below.

Signature:

Date:

If appropriate, please explain why the person affected is unable to give their consent:

SECTION 2: About Your Complaint

1. Which public service 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)

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, 6 Earlsfort Terrace, Dublin 2, D02 W773**

THIS SECTION IS FOR OFFICE USE ONLY

How was the complaint received?

Post

CIC

Office
visit

Regional

Status of the complaint

Within
Remit

Premature

Outside
Remit

General
Enquiry

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