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.

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 e-mail [ ] 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 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, 6 Earlsfort Terrace, Dublin 2, D02 W773

<table>
<thead>
<tr>
<th>How was the complaint received?</th>
<th>Post</th>
<th>CIC</th>
<th>Office visit</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status of the complaint</td>
<td>Within Remit</td>
<td>Premature</td>
<td>Outside Remit</td>
<td>General Enquiry</td>
</tr>
</tbody>
</table>

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 |