

**Complaint form:**

Use this form to make a complaint about a service provided by a Government department or other public organisation.

**Before we can help you with your complaint**

**You will need to:**

* have already complained to the organisation you are unhappy with
* have a final response from the organisation that has addressed all the concerns you raised with them.

Once all your concerns are addressed, if you are still not happy, then you can complain to us.

**We may not be able to help you if:**

* your complaint is over 12 months old
* you are taking legal action
* the organisation’s final response has not addressed all the issues you raised ­­– for help with this phone us on 0345 015 4033 or visit our website for advice on how to make a complaint: [www.ombudsman.org.uk/complainforchange](https://www.ombudsman.org.uk/making-complaint/before-you-come-to-us/complain-change).

**When you make a complaint, we will need you to:**

* tell us when the problem happened and the date you complained
* give us your contact information, including an email address if you have one
* get your MP to sign this form – we cannot look at your complaint unless an MP asks us to.

Please answer all questions fully and avoid using ‘see attached’ as a comment. We will use this form to do our initial checks and if you do not give enough information, we may not be able to consider your complaint.

Please use this form to tell us about your complaint so we can see if we are able to help you. If you are not sure about something, or have difficulties filling in this form, just phone us on 0345 015 4033 or visit our website https://www.ombudsman.org.uk/making-complaint/complain-us-getting-started/filling-our-complaint-form

Have you read and understood our ‘What we can and can’t help with’ page on our website? Please tick this box to confirm you have done this: [ ]

If you cannot access this, please tick the box here: [ ]

Section 1: About you

Have you used our service or contacted us before? [ ]  Yes [ ]  No

(This is so we can link our records)

If you have been given a reference number by us, please enter it here:

(The format of your PHSO reference is usually a letter followed by seven numbers. For example, C1234567 or C-1234567)

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**Your contact details**

Please fill in your details even if you are complaining on behalf of someone else.

|  |  |
| --- | --- |
| Title |       |
| First name |       |
| Last name |       |
| Address line 1 |       |
| Address line 2 |       |
| County |       | Country |       |
| Postcode |       |       |       |       |       |       |       |
| Daytime phone number |       |
| Alternative number (optional) |       |
| Email address |       |

How would you like us to contact you? [ ]  Phone [ ]  Email [ ]  Post

There will be times when we need to send you documents.

How would you like to receive them? [ ]  Email [ ]  Post

Making reasonable adjustments for people with a disability, health condition or other condition is an essential part of PHSO’s commitment to inclusion and wellbeing. If you have an adjustment you would like us to consider (for example providing documents in large print or an easy read format) please let us know below.

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**Are you the person affected by the issues in the complaint?** [ ]  Yes [ ]  No

If no, please provide the details of the person affected below:

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| --- | --- |
| Their title |       |
| Their first name |       |
| Their last name |       |
| Address line 1 |       |
| Address line 2 |       |
| County |       | Country |       |
| Postcode |       |       |       |       |       |       |       |
| Their daytime phone number |       |
| Alternative number (optional) |       |
| Their email address |       |

If you are complaining for someone who cannot complain for themselves, for example, they do not have capacity or have died, we must make sure you are the right person to make a complaint. Please fill in the section below.

What is your relationship to them?

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Why can't they make the complaint themselves?

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Please note: If you are helping someone to complain (we call this acting as a representative), we would normally need their consent for this. We ask for you to provide this consent later in this form.

This consent does not give you the absolute right to access all sensitive personal information relating to the complaint. We may ask for consent again during the complaints process if you need to make an information request on behalf of the person complaining.

### Section 2: About your complaint

### Who are you complaining about?

### What is the name and address of the organisation(s) you are complaining about?

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### Are you complaining about a particular person? Please give their name if you know it.

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When did it happen?

For complaints about a UK government department or another UK public organisation, the law says that you should complain to your MP within a year of becoming aware of the problem. Your MP must then refer your complaint to us.

Depending on the circumstances, we may decide to still consider a complaint outside of this if we have good reasons to do so. Please phone us on 0345 015 4033 if you have any questions about this.

When did the problem you want to complain about happen? (If you cannot remember the exact date, you can give us an estimate.)

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| --- | --- |
| Date |       |

(dd/mm/yyyy)

When did you become aware of the problem?

|  |  |
| --- | --- |
| Date |       |

(dd/mm/yyyy)

When did you complain in writing to an MP?

|  |  |
| --- | --- |
| Date |       |

(dd/mm/yyyy)

When did you complain to the organisation?

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| --- | --- |
| Date |       |

(dd/mm/yyyy)

If you have not been able to complain to your MP within a year of becoming aware of the problem, please tell us why you did not complain sooner.

Please explain the reason for any delay including:

* a delay before you first made the complaint to the organisation.
* a delay before you replied to the organisation after they first responded.
* a delay before you complained to your MP.

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### The details of your complaint

### Please summarise your complaint

### Using the boxes below, briefly tell us what you are complaining about.

Please avoid using ‘see attached’ as a comment or leaving the section blank.

### What did the organisation do wrong?

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**Does your complaint relate to the victims’ code?**

[ ] Yes [ ] No

**Which part of the victims’ code does your complaint relate to?**

Please tick all the relevant Victims’ Rights or ‘Unsure’

[ ]  To be able to understand and be understood

[ ]  To have all the details of the crime recorded without unjustified delay

[ ]  To be provided with information when reporting the crime

[ ]  To be referred to services that support victims and have services and support tailored to your needs

[ ]  To be provided with information about the investigation and prosecution

[ ]  To make a Victim Personal Statement

[ ]  To be given information about the trial process and your role as a witness

[ ]  To be given information about the outcome of the case and any appeals

[ ]  To be paid expenses and have any property returned

[ ]  To be given information about the offender following a conviction

[ ]  To make a complaint about your Rights not being met

[ ]  Unsure

**Do you (and/or the person directly affected by the issues of the complaint) consider yourself a victim of crime in relation to the complaint?**

[ ]  Yes [ ]  No

### Please name any individuals that you would like to complain about.

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Why are you still unhappy?

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Did the organisation fail to answer any of the issues you raised in your complaint?

[ ]  Yes [ ]  No

If yes, please tell us what issues in your complaint the organisation failed to answer. We understand you may not be happy with the answers to your complaint, but we need to know if the final response missed anything you raised in your complaint. Depending on what points are not answered, we may ask you to go back to the organisation and raise them again.

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### What is the impact of this complaint?

Please tell us how you or the person you represent have been affected by what went wrong. Please describe what impact this had on you and how long the impact lasted.

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**If we can take on your complaint, what are you looking for us to achieve?**

We may recommend that organisations explain and apologise, change their procedure and, if appropriate, make a payment.

Are you looking for any recommendations to be made as stated above?

☐ Yes ☐ No

Please use this space to explain what you are looking for us to achieve and why it is important.

If we do not think that we can achieve what you want, we will tell you.

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Are you looking for us to recommend a financial payment?

☐ Yes ☐ No

If yes, please tell us how much. You can find out more about our financial compensation limits here via this link to our Financial Injustice Scale: [Financial remedy | Parliamentary and Health Service Ombudsman (PHSO)](https://www.ombudsman.org.uk/organisations-we-investigate/putting-things-right/financial-remedy) https://www.ombudsman.org.uk/organisations-we-investigate/putting-things-right/financial-remedy

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Legal action

The law says we cannot look at a complaint where there is an option to take legal action, unless we think it is reasonable for us to do so.

It is important that you tell us if you have:

* already requested legal advice
* started any legal action, been to a court or tribunal or are considering doing so.

Whether something is reasonable is very fact dependent, it may be that we can look at some parts of a complaint and not others, so it is important you give as much detail here as possible.

Please note that strict time limits can apply to legal action, so if you think you may wish to take legal action, you should get legal advice as soon as possible.

Please phone us on 0345 015 4033 if you have any questions about this.

Have you taken, or are you planning to take, legal action about your complaint?

[ ]  Yes [ ]  No

If yes, please tell us why this was unsuccessful or why you haven’t taken legal action yet.

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**Mediation**

In some cases, we can facilitate a meeting between you and the organisation to help you resolve your complaint.

We usually do this by telephone or video call (using Microsoft Teams) if both you and the organisation agree to take part.

During this process we use mediation techniques to help you and the organisation discuss your complaint and agree a resolution to it. We will not give our own view on the substance of the complaint in this process.

Is this something you are willing to do if your case is suitable for this process?

☐ Yes ☐ No

If you are unsure, would you like us to give you more information about this to help you decide?

[ ]  Yes [ ]  No

**Documents we need to complete our initial checks**

Please note that:

* we scan all documents when we receive them and destroy any paper copies - please do not send originals as we will not return them unless specifically requested
* if you have images that you wish to share as part of your evidence, please do not send these now. You can discuss sharing these with your caseworker once your case is assigned
* please do not send us documents with staples, in folders or in plastic wallets - this will help us process your complaint more quickly.

Please make sure you send us:

[ ]  This complaint form

[ ]  The complaint made to the organisation (so any letters, emails or complaints forms submitted for the complaint)

[ ]  The complaint response(s) from the organisation including the final response and any other correspondence relating to the complaint

[ ]  If there is a second-tier complaint process - the complaint(s) sent to them and any response(s) and any other correspondence relating to the complaint

A second-tier complaint handler can be an entirely separate organisation or a separate part of an organisation that acts as a complaint handler (such as the Independent Case Examiner,

Adjudicator’s office, Independent Complaint Reviewer, Independent Complaint Assessor).

We may contact you for further information and documentation if we can progress your case.

Section 3: Declaration

* I would like the Ombudsman to look at my complaint.

#### I agree to share all the relevant evidence so that you can investigate this complaint under the *Parliamentary Commissioner Act 1967*.

* to the best of my knowledge, everything I have told you is correct.
* I understand that, to help resolve my complaint, you will need to use and keep personal information about me. For example, how to contact me and details about my complaint and sometimes sensitive personal information.
* I understand that this might include collecting information about me from the organisation I have complained about and possibly sharing information with others. For example, others that may have been involved in my complaint.
* I agree to the Ombudsman’s Unacceptable Behaviour policy:

We expect all complainants and representatives to behave respectfully towards all PHSO colleagues. We will not tolerate any abusive behaviour, either direct or indirect, or contact that becomes so frequent it makes it more difficult for us to complete our work and help other people. We will take appropriate action to prevent this, including escalation to other bodies if required.

* For more information, our Acceptable Behaviour commitment can be found on our website: https://www.ombudsman.org.uk/about-us/corporate-information/freedom-information-and-data-protection/our-publication-scheme/our-commitment-acceptable-behaviour

|  |  |
| --- | --- |
| Signature |  |
| Date |       |

**Consent**

If you are acting as a representative, we would normally need the person affected consent. They must sign below if they are able to do so.

I agree that my representative can complain for me and that you can obtain the information needed to investigate my complaint.

I understand that this may mean that my representative will be able to see personal information you obtain for the investigation.

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| --- | --- |
| Signature |  |
| Date |       |

Section 4: MP

The person completing this form must fill in the MP’s name and sign and date below it:

To

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MP, House of Commons, London, SW1A 0AA

Please consider the complaint described on this form and any other information included.

|  |  |
| --- | --- |
| Signature |  |

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| --- | --- |
| Date |       |

Please ask your MP to sign below and send this complaint to the Parliamentary Ombudsman

The MP **must** fill in this section:

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has sent me this complaint. Please look into this and let me know the outcome.

|  |  |
| --- | --- |
| MP reference/case number |  |

|  |  |
| --- | --- |
| MP signature |  |

|  |  |
| --- | --- |
| Print |       |

|  |  |
| --- | --- |
| Date |       |

Please email your form and the documents requested to:

phso.enquiries@ombudsman.org.uk

Or post them to:

Parliamentary and Health Service Ombudsman

Citygate

47-51 Mosley Street

Manchester

M2 3HQ

### Section 5: Additional information

We would like to ask you some more questions about the person affected by the complaint and the person making the complaint, if they are different.

Your answers will help us:

* understand how easy it is for people to use our service
* make sure everyone can access our service equally.

We are also looking at how we can focus on cases where we can have the most impact. We may use the information you provide here to help us decide if we can take your case further.

Please complete **Section A** with the details of the person affected by the issues in the complaint and **Section B** with the details of the person making the complaint, if they are different.

**If you are an advocate, advice worker or professional representative (for example, a solicitor) you do not need to complete Section B.**

Any information provided will be included on the form that is sent to your MP. If you prefer, you can leave this section blank and contact us by phone to give us this information after we have received your complaint.

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| **Section A:** Please answer the following questions about the person affected by the issues in the complaint. |
| What is your date of birth? (DD/MM/YYYY) |  |
| What is your gender? | [ ]  Man [ ]  Woman [ ]  Non-binary [ ]  Other[ ]  Prefer not to say |
| Is the gender you identify with the same as your sex assigned at birth?  | [ ]  Yes [ ]  No[ ]  Prefer not to say |
| What is your sexual orientation? | [ ]  Heterosexual or straight[ ]  Gay or lesbian [ ]  Bisexual[ ]  Other sexual orientation not listed[ ]  Unsure [ ]  Prefer not to say |
| What is your ethnicity? | [ ]  White – British [ ]  White - Irish[ ]  White - any other White background[ ]  Mixed - White and Black Caribbean[ ]  Mixed - White and Black African[ ]  Mixed - White and Asian[ ]  Mixed - any other mixed background[ ]  Asian or Asian British - Indian[ ]  Asian or Asian British - Pakistani[ ]  Asian or Asian British - Bangladeshi[ ]  Asian or Asian British - any other Asian background[ ]  Black or Black British - Caribbean[ ]  Black or Black British - African[ ]  Black or Black British - any other Black background[ ]  Other ethnic groups - Chinese[ ]  Other ethnic groups - any other ethnic group[ ]  Prefer not to say |
| What is your religion or belief? | [ ]  Bahai [ ]  Buddhist [ ]  Christian [ ]  Hindu[ ]  Jain [ ]  Jewish[ ]  Muslim [ ]  Pagan [ ]  Sikh [ ]  Zoroastrian[ ]  No religion [ ]  Other (any other religion)[ ]  Prefer not to say |
| What is your marital status? | [ ]  Single [ ]  Married or civil partner[ ]  Divorced or person whose civil partnership has been dissolved[ ]  Widowed or surviving civil partner[ ]  Separated [ ]  Prefer not to say |
| Were you pregnant or on maternity leave during the period the complaint relates to? | [ ]  Yes[ ]  No[ ]  Prefer not to say |
| Do you consider yourself to be disabled? or Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?   | [ ]  Yes[ ]  No[ ]  Prefer not to say |
| If yes, please select all disabilities that apply to you. If none apply, please select 'Other' | [ ]  Behaviour and emotional[ ]  Hearing impairment[ ]  Manual dexterity[ ]  Memory or ability to concentrate, learn or understand[ ]  Mobility and gross motor skills [ ]  Perception of physical danger[ ]  Personal, self-care and continence[ ]  Progressive conditions and physical health (such as HIV, cancer, multiple sclerosis, fits)[ ]  Sight[ ]  Speech[ ]  Other [ ]  Prefer not to say |

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| **Section B:** If you are complaining on behalf of someone else, we would like to know about you as well as the person affected. Please fill in the section below. |
| What is your date of birth? (DD/MM/YYYY) |  |
| What is your gender? | [ ]  Man [ ]  Woman [ ]  Non-binary [ ]  Other[ ]  Prefer not to say |
| Is the gender you identify with the same as your sex assigned at birth? | [ ]  Yes [ ]  No[ ]  Prefer not to say |
| What is your sexual orientation? | [ ]  Heterosexual or straight[ ]  Gay or lesbian [ ]  Bisexual[ ]  Other sexual orientation not listed[ ]  Unsure [ ]  Prefer not to say |
| What is your ethnicity? | [ ]  White – British [ ]  White - Irish[ ]  White - any other White background[ ]  Mixed - White and Black Caribbean[ ]  Mixed - White and Black African[ ]  Mixed - White and Asian[ ]  Mixed - any other mixed background[ ]  Asian or Asian British - Indian[ ]  Asian or Asian British - Pakistani[ ]  Asian or Asian British - Bangladeshi[ ]  Asian or Asian British - any other Asian background[ ]  Black or Black British - Caribbean[ ]  Black or Black British - African[ ]  Black or Black British - any other Black background[ ]  Other ethnic groups - Chinese[ ]  Other ethnic groups - any other ethnic group[ ]  Prefer not to say |
| What is your religion or belief?  | [ ]  Bahai [ ]  Buddhist [ ]  Christian [ ]  Hindu[ ]  Jain [ ]  Jewish[ ]  Muslim [ ]  Pagan [ ]  Sikh [ ]  Zoroastrian[ ]  No religion [ ]  Other (any other religion)[ ]  Prefer not to say |
| What is your marital status? | [ ]  Single [ ]  Married or civil partner[ ]  Divorced or person whose civil partnership has been dissolved[ ]  Widowed or surviving civil partner[ ]  Separated [ ]  Prefer not to say |
| Were you pregnant or on maternity leave during the period the complaint relates to? | [ ]  Yes[ ]  No[ ]  Prefer not to say |
| Do you consider yourself to be disabled? or Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?   | [ ]  Yes[ ]  No[ ]  Prefer not to say |
| If yes, please select all disabilities that apply to you.  If none apply, please select 'Other' | [ ]  Behaviour and emotional[ ]  Hearing impairment[ ]  Manual dexterity[ ]  Memory or ability to concentrate, learn or understand[ ]  Mobility and gross motor skills[ ]  Perception of physical danger[ ]  Personal, self-care and continence[ ]  Progressive conditions and physical health (such as HIV, cancer, multiple sclerosis, fits)[ ]  Sight[ ]  Speech[ ]  Other [ ]  Prefer not to say |

**What we do with the information you give us**

We may publish your case on our website in the near future. Publishing our decisions is part of our commitment to increase public awareness of what we do and to encourage systemic improvements in the organisations we investigate through wider learning. Please be assured we assess all decisions to ensure the individuals involved in the complaint cannot be identified from the information we publish. You can see how we publish our decisions on our website:

We process any personal data collected in accordance with the UK General Data Protection

Regulation and the Data Protection Act 2018. You can read more about how we use your information in our privacy notice. The notice explains how we use and look after information about you, or that could identify you, and how long we keep it. It also explains your rights and how to request your information, or request that the final report or decision statement about your complaint is not published.

You can find the privacy notice online at [www.ombudsman.org.uk/information-you-give-us](http://www.ombudsman.org.uk/information-you-give-us)   If you would like a copy in a printed or other format, please contact informationrights@ombudsman.org.uk or call 0345 015 4033.

**What to do if you are unhappy with how we have handled your personal information**

If you wish to comment or make a complaint about how we process your data, please contact the Data Protection Officer at dpo@ombudsman.org.uk

If you are unhappy with our response, you can contact the Information Commissioner’s Office at [ico.org.uk](https://ico.org.uk/)