

# Making a complaint about government departments and services to the Parliamentary Ombudsman

## Section 1 Can we look at your complaint?

Have you complained to the organisation?

Yes  No

Have you received a final response from them or completed their complaints process?

Yes  No

**If you have answered no to these questions, you should complain to the organisation first and give them a chance to put things right. If you are not happy with their final decision, you can then bring the complaint to us to consider.**

If you have been given a reference number by one of our Customer Service Officers, please enter it here:

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When did the events happen?

Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you become aware of the problem?

Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you complain to the organisation?

Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you first write to your MP about the complaint?

Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_







## Section 5 About you

Title Mr, Mrs, Miss, Ms, Other: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Town or city: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

How would you like to be contacted? (optional)

Email     Letter     Telephone

Is there anything we can do to make it easier for you to access our service? (For example, please let us know if English is not your first language.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you making a complaint for someone else?**

**If yes, please go to section 6.**

**If no, please go to section 7.**

## Section 6 Complaining for someone else

### Who is the service user?

Title Mr, Mrs, Miss, Ms, Other: .....

First name: .....

Surname: .....

Address: .....

Town or city: .....

Postcode: .....

Daytime telephone number: .....

Email address: .....

What is your relationship to them? .....

Has this person died?

Yes  No

**If yes, then please answer the question below:**

If this person has died, please tell us the date of their death.

Date: ..... Month: ..... Year: .....

**If no, then please answer this question:**

Please explain why they can't make the complaint themselves.

.....  
.....  
.....

Please tick this box if they have agreed that you can complain for them. You will need to provide written confirmation of this in section 7.

## Section 7 Authorisation

### Please look at my complaint.

I agree that you can get all the relevant papers, so that you can investigate this complaint under the *Parliamentary Commissioner Act 1967*.

Your signature: .....

Date: .....

### If you are complaining for someone else, they must sign below if they can.

I agree that ..... can complain for me and that the Ombudsman service can obtain the information it needs to investigate my complaint under the *Parliamentary Commissioner Act 1967*.

I understand that this may mean that my representative will be able to see personal information the Ombudsman service obtains for the investigation.

The service user's signature, if you are representing them:

.....

Date: .....

## Section 8 To the MP

### This section must be completed by the person making the complaint.

To ..... MP House of Commons, London SW1A 0AA

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

**Please complete section 9 and send this complaint to the Parliamentary Ombudsman.**

## Section 9 From the MP to the Ombudsman

**This section must be completed by the MP.**

To: The Parliamentary Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

Mr/Mrs/Miss/Ms \_\_\_\_\_ has sent me a complaint. Please consider this complaint and let me know the outcome.

Signature of MP: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email your form and the organisation's final decision letter to:**

[phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

**Or post it to:**

**Customer Services**

Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP