



Office of the Ombudsman Complaint form

SECTION A: DETAILS OF COMPLAINANT

Title (Mr/Ms/Mrs/ Other):	First Name:
Last Name:	Date of Birth:
Contact Address:	Physical address:
Contact Number:	Email address:

SECTION B: DETAILS OF COMPLAINANT'S NEXT OF KIN

Title (Mr/Ms/Mrs/Other):	
Next of Kin First Name:	Last Name:
Contact Address:	Physical address:
Contact Number:	Email address:

SECTION C: IF YOU ARE COMPLAINING ON BEHALF OF SOMEONE PLEASE GIVE YOUR DETAILS BELOW:

Title (Mr/Ms/Mrs/ Other):	First Name:
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Last Name:	Date of Birth:
Contact Address:	Physical address:
Contact Number:	Email address:

SECTION D: DETAILS OF THE COMPLAINT

Which public body/bodies is your complaint against?

Brief Summary of Complaint:

*** Please use a separate piece of paper if you need more space.**

- Please tell us the main points of your complaint (what happened? Where and when did it happen? Who was involved?)

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In your opinion what wrongs were committed by the public body/bodies against you in your complaint?

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How have you suffered as a result of what happened?

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What would you like the public body/bodies to do, to put things right?

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What internal procedures or internal review/appeal procedures existing in the public body/bodies, did you try to use before bringing the complaint to the Ombudsman? What was the outcome of this internal process?

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SECTION E: GENERAL COMMENTS

How did you hear about Office of the Ombudsman (Radio, Newspaper, and Friend, referred by another office)?

Have you ever reported this complaint anywhere else? (E.g. Court, Anti - Corruption Bureau, Human Rights Commission)?

FORM OMB1

*To support your complaint please attach **copies** of any letters and documents which you feel will assist in the investigation of your complaint. **Take note that all information provided is treated as confidential.**

Date:	Signature:
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*If complaint is recorded by Office of the Ombudsman member of staff:

Date:	Name:	Signature:
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