



Office of the Ombudsman Complaint form

SECTION A: DETAILS OF COMPLAINANT

Title (Mr/Ms/Mrs/ Other):	
First Name:	Last Name:
Contact 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:	
Contact Number:	Email address:

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What do you want the public body to do to put things right?

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*To support your complaint please attach **copies** of any letters and documents which you feel will assist in the investigation of your complaint.

Date:	Signature:
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