

# Complaint Form

If you have any queries about filling in this form or need it in a different format or language, please contact us on: **Freephone 0800 377 7330**

**Please write clearly and remember to sign the form.**

## Section 1 (important)

**Please read the information below before you fill in this complaint form.**

We provide a free, independent and impartial service. We handle complaints about public services in Scotland. We can look at complaints about:

- **Councils**
- **The NHS**
- **Housing Associations**
- **The Scottish Government**
- **Colleges and Universities**
- **Scottish Public Bodies**

We normally deal with complaints after they have completed the complaints procedure of the organisation that provided the service.

If you have completed all the stages of the procedure, the last letter responding to your complaint should state that you can now bring your complaint to the SPSO. If it does not, it is important that you contact the organisation you are complaining about to find out what you should do next.

Please only complete this form if you have a written final response to your formal complaint. Please send us a copy of that final response with your completed complaint form.

## Section 2

**Please give the name of the organisation that you are complaining about.**

## Section 3

Do you have a letter from the organisation you are complaining about that says that you have completed their complaints procedure?

**no**

You should contact the organisation for details of their formal complaints procedure and follow the procedure to the end.

**not sure**

You should contact the organisation to find out who you should write to next.

**yes**

Please enclose copies of paperwork about the complaint, in particular a copy of your complaint letter to them and their final response to you.

Please go to  
Section 4

## Section 4

Are you complaining about something you have been aware of for more than 12 months?

**yes**

Unfortunately, it is unlikely that we will be able to look into your complaint.  
To discuss further please contact us on  
**0800 377 7330.**

**no**

Please go to  
Section 5

## Section 5

Has this matter been considered in Court or do you plan to raise the matter in Court?

**yes**

Unfortunately, it is unlikely that we will be able to look into your complaint.  
To discuss further please contact us on  
**0800 377 7330.**

**no**

Please go to  
Section 6





## Section 10

### Your details

#### **From (your name and address)**

Title First name Last name

Address

Post code

Home telephone no Daytime telephone no(s)

Email

If you are complaining on behalf of someone else, please complete sections 11 and 12.

## Section 11

### **Complaining on behalf of someone else**

ONLY complete this section if you are making the complaint on behalf of someone else.  
Please write their details in the box below.

#### **I am making this complaint on behalf of**

Title First name Last name

Address

Post code

Home telephone no Daytime telephone no(s)

Email

What is your relationship to the person on whose behalf you are complaining?

Please tell us why that person is not making the complaint him/herself.

Please now read the consent form in section 12 and if applicable ensure that it is completed and signed by the person who would like you to act for them.

### Complaining on someone else's behalf

We know that not everybody is comfortable or confident about making a complaint. Some people prefer to have someone do it for them.

#### Giving consent

We need the person making the complaint to say in writing that they want someone to make the complaint for them. This applies unless the person has died or for some other reason cannot act for themselves.

### Complainant Consent

**Please fill in this section if you want someone else to make your complaint to the SPSO.**

Your full name

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Your address

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I authorise (name of person)

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Of (their address and contact details)

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To make a complaint on my behalf to the Scottish Public Services Ombudsman (SPSO), about (name of the organisation or person you have a complaint about).

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I understand that this may result in the SPSO giving my representative personal information about me and my complaint.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please note that we may need further consent to obtain information from the organisation being complained about. We will let you know if this is needed.

## monitoring our service

By completing this form you will help us monitor who is using our service.

It will not affect the way your complaint is handled.

The information you provide is completely confidential and will be kept separately from your complaint form. We value your help in improving our service.

*Please tell us about yourself by ticking the appropriate boxes.*

*In the case of a joint complaint, the main complainant should fill out the form.*

### 1 Gender

Male

Female

*Please provide any other information about your gender identity if you wish*

### 2 Age

Under 16

16 – 18

19 – 24

25 – 34

35 – 49

50 – 64

65 and over

### 3 Ethnic background

#### *White*

Scottish

Other British

Irish

Any other White background

#### *Asian, Asian Scottish or Asian British*

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

#### *Black, Black Scottish or Black British*

Caribbean

African

Any other Black background

#### *Mixed*

Any Mixed background

Please give details

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#### *Any other ethnic background*

Please give details

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#### 4 Religion / Belief

Please specify

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#### 5 Do you consider that you have a disability?

Yes

No

Do not want to say

**Please let us know more about your disability. Do you have:**

Impaired hearing

Poor sight / blindness

Problems with physical mobility

Other disability