



Complaints Form

We investigate complaints about public services in Scotland.

We can normally only look at complaints **after** they have been through the organisation's complaints process and **after** you have received their final reply.

Before filling in this form, please check that you have:

completed the complaints procedure of the organisation that you are complaining about

received a letter from the organisation which tells you to take your complaint to the SPSO if you are still unhappy

You will need to send us a copy of your original complaint to the organisation, a copy of the decision letter from the organisation as well as this complaints form so that we can work on your complaint.

You can fill in this form online at www.spsso.org.uk/complain

If you need help filling in the form the following organisations can assist:

Citizens Advice Scotland

Website: www.cas.org.uk

Or check your phone book for your local Citizens Advice Bureau.

Scottish Independent Advocacy Alliance

Tel: **0131 524 1975** Email: enquiry@siaa.org.uk Website: www.siaa.org.uk



What we will and won't investigate

The law says that we can normally only look at complaints that:

- have completed the organisation's complaints procedure
- have not been dealt with by a court

Unless there are special circumstances, we can't investigate issues that you knew about more than 12 months ago.

When did the problem you are complaining about happen?

Month: Year:

If you have known about this for more than 12 months, please tell us why you are bringing it to us now (give details below).

Our Assessment & Guidance team is here to help. If you need advice before sending your complaint to us, please call us on freephone **0800 377 7330**.

Section 1 What are you complaining about?

Write the name of the organisation you are making a complaint about.

Please tell us briefly in the box below what your complaint is about and what has gone wrong. Remember that we can only look at complaints that you have already made to the organisation. There is more space on page 8 of this form if you need it.

Section 2

From the information in section 1, please list the main points of complaint you want us to investigate.

1

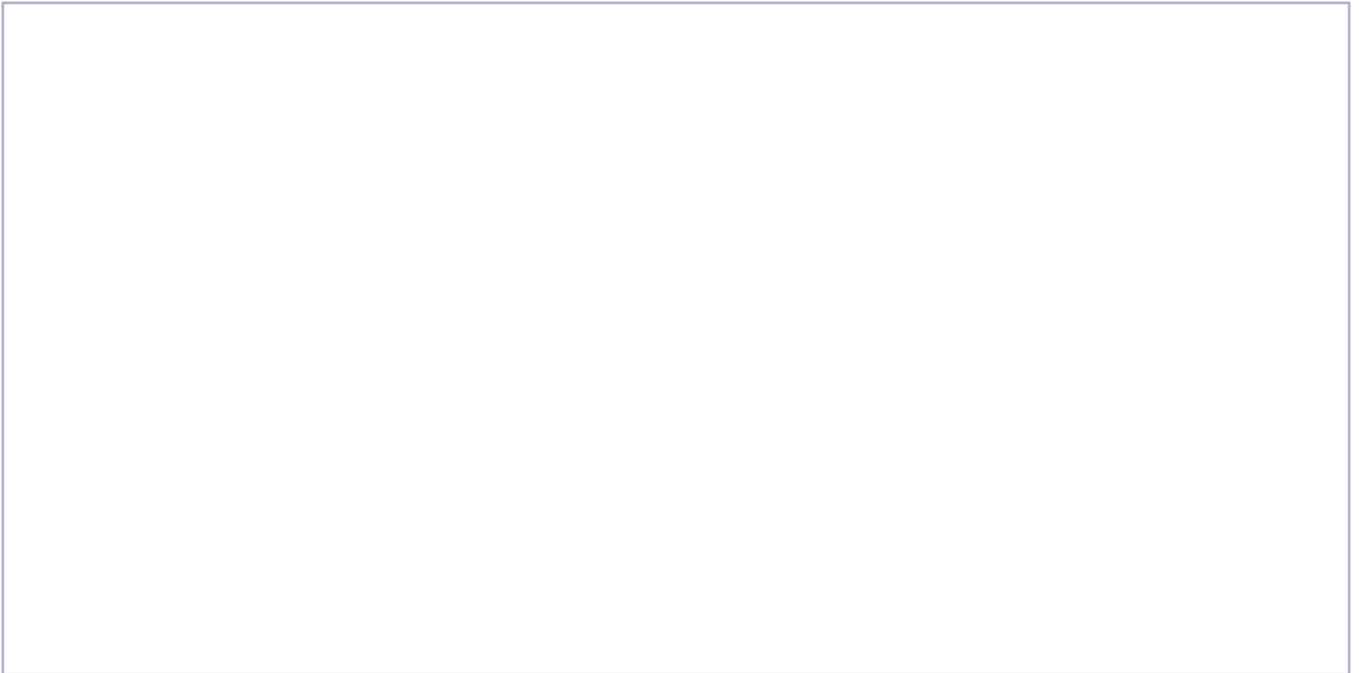
2

3

SPSO freephone **0800 377 7330**

Section 3

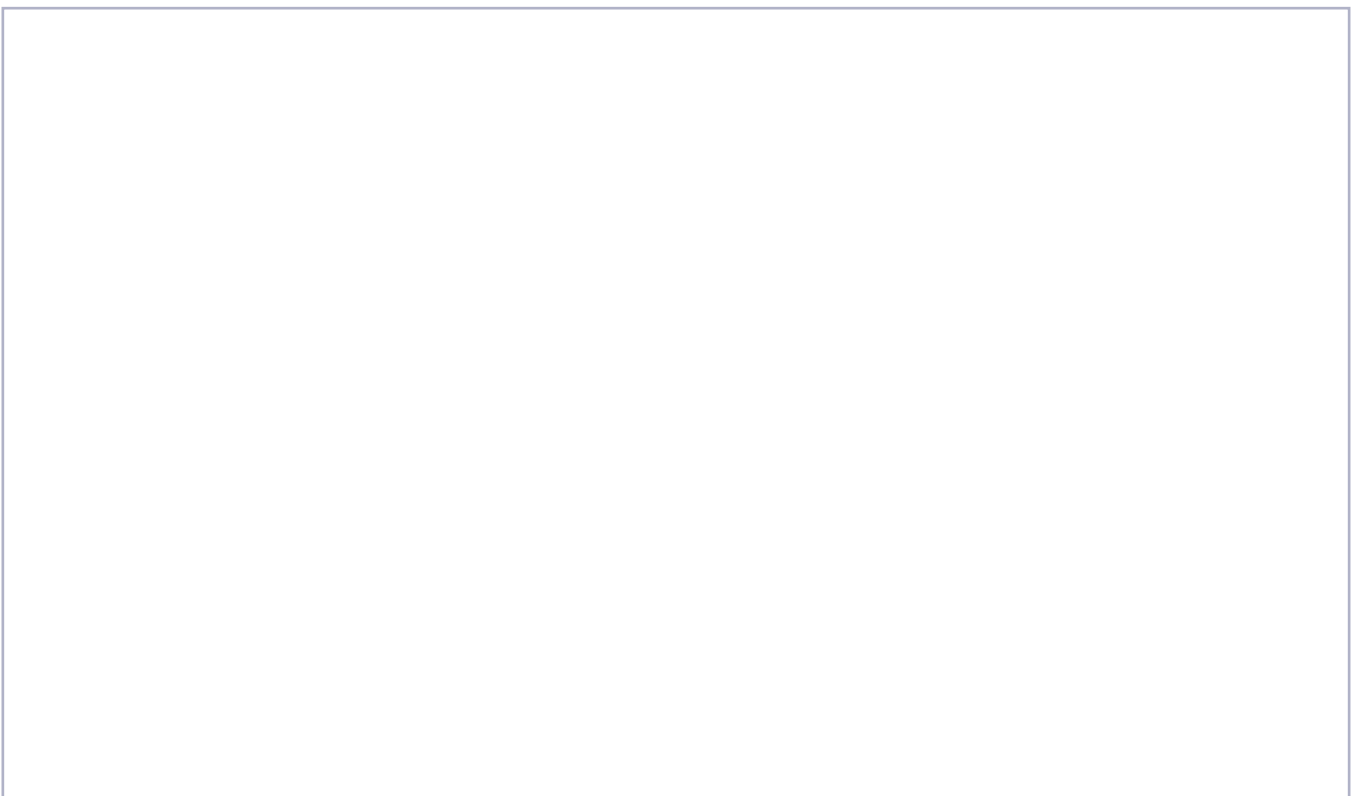
How have you suffered as a result of what has happened?



Section 4

What do you want us to do for you?

If we are able to take on your complaint, what would you want us to do for you?



Section 5

Person making the complaint

Please fill in this section with your details using CAPITAL LETTERS.

If you are complaining for someone else you must fill in this section **and** section 6.

If you include an organisation below, the consent in Section 6 authorises us to deal with anyone in your organisation on that person's behalf.

Your title: (Mr/Miss/Ms/Mrs/Mx/other)

Your first name

Your surname

Organisation (where appropriate)

Your address

Postcode

Your phone number(s)

Your email

What is your preferred method of contact? Letter

Email

Telephone

If you choose an email address as your preferred contact, please be aware that we may be sending you sensitive and personal information to that email address. Email security can not always be guaranteed. If you choose this method of contact, you are confirming that you accept that risk.

Your signature

Date

In completing this form, I understand that the SPSO may share information about me with the organisation I am complaining about. Depending on the nature of the complaint, this may include sensitive personal information. The SPSO may access and review information held by the organisation I am complaining about. If the SPSO need to contact a third party about my complaint, they will usually let my representative know.

More information about how we process and protect your information can be found on our website

www.spsso.org.uk/privacy-notice-and-disclaimer Please note: If you have any questions or concerns please contact SPSO to discuss.

Please tell us if you need future information from us in a different format:

Braille

Audio version

Large font

Another language: _____

Other format: _____

Section 6

Complaining for someone else

If you are complaining for someone else, fill in this section with their details using CAPITAL LETTERS.

Their title: (Mr/Miss/Ms/Mrs/Mx/other)

Their first name

Their surname

Their address

Their postcode

Their phone numbers:

Home:

Daytime:

Mobile:

Their email:

What is your relationship to this person?

We need the person affected by the complaint to sign the consent on page 7, if they can, to allow you to complain for them. If they are unable to sign for any reason, please tell us why in the box below.

Consent

I authorise the person or organisation named in Section 5 to make my complaint to the SPSO for me.

I understand that if I have authorised an MSP or an organisation, this authorisation will include people working for the MSP and anyone working for the named organisation.

I understand that the SPSO may access and review information held by the organisation I am complaining about. If the SPSO need to contact a third party about my complaint, they will usually let my representative(s) know.

I also understand that the SPSO may share information about me with my representative(s). Depending on the nature of the complaint, this may include sensitive personal information.

Please note: If you have any questions or concerns, please contact SPSO to discuss. By signing this section of the form, you are agreeing that all communication with the SPSO on your complaint will be done via the person or organisation authorised to make the complaint on your behalf.

Signature	Date
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We may need more consent to obtain information from the organisation being complained about. We will tell you if this is needed.

Diversity monitoring form

We'd be very grateful if you would fill in this anonymous diversity monitoring form and return it to us with your complaint form or in a separate envelope to: **Freepost SPSO** (you don't need a stamp, and this is all you need to write on the envelope).

We collect this information to help us ensure we are reaching as many people as possible. It also helps us check for and remove any barriers that could prevent people using our service.

What you tell us on the form will be kept separate from what you tell us about your case. It does not affect how we look at your case. We store it anonymously on our secure database. Filling in the form is voluntary. We won't treat you less favourably if you choose not to return it.

Thank you

Please choose one option from each of the sections listed below by placing an X in the appropriate box.

A Your age

- Under 16
- 16-24
- 25-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 or over
- Prefer not to say

B Disability

The Equality Act 2010 says disability is a physical or mental impairment that has a substantial long-term adverse effect on your ability to carry out day-to-day activities. It includes hidden disabilities such as asthma, diabetes and mental health issues.

Do you consider yourself to have a disability or health condition?

- Yes
- No
- Prefer not to say

If yes, is your illness or condition:

- Physical
- Mental
- Physical and mental
- Prefer not to say

C Your ethnic group

These are based on the Census 2011 categories, and are listed alphabetically.

Asian / Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (specify if you wish) _____

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background (specify if you wish) _____

Mixed / multiple ethnic groups

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background (specify if you wish) _____

Other ethnic group

- Arab
- Any other ethnic group (specify if you wish) _____

White

- British / English / Welsh / Scottish / Northern Irish
- Gypsy or Irish Traveller
- Irish
- Any other White background (specify if you wish) _____
- Prefer not to say

D Your gender

- Male
- Female
- Prefer not to say
- Other (specify if you wish) _____

E Is your present gender the same as the one assigned to you at birth?

- Yes
- No
- Prefer not to say

F Your sexual orientation

Which of the following options best describes how you think of yourself?

- Bisexual
- Gay / Lesbian
- Heterosexual / Straight
- Prefer not to say
- Other (specify if you wish) _____

G Your religion or belief

These are based on the Census 2011 categories and listed alphabetically.

- Buddhist
- Christian (including Church of Scotland / England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (specify if you wish) _____

Our service standards

We want to offer a high standard of service to everyone who uses our service.

We have customer service standards so that our customers know what service they can expect to receive and how we'll provide it. You have the right to complain if you feel we're not meeting our standards. You can contact us for more information about how to do this.

Our decisions

If you're unhappy with our decision, including a decision not to investigate, you have the right to ask for a review. You should let us know if you wish to do this within three weeks of receiving our decision. You should then give us your full review request within six weeks of receiving our decision. Organisations can also ask for a review of a decision.

We say more in our leaflet called ***Your complaint, our decision***. It explains how we reach our decisions and the circumstances in which you may ask us for a review.

You can get a copy of it and any of our other leaflets by phoning us on **0800 377 7330**.

Your information

We are committed to protecting your privacy. We use information given to us about you and your complaint for its intended purpose and in line with the Data Protection Act 2018 and the SPSO Act 2002. We may need to collect and share information with a number of sources to carry out our investigation and we may do this orally, in hard copy or by email. We may report on the outcome of the investigation. When we do so we do not name individuals. We may also use information we collect to compile statistics and undertake research and analysis. There may be public interest benefits in reusing information for these purposes. Information is completely anonymised.

Your views are valuable to us, and we may contact you again to invite you to take part in our surveys for research purposes.

To find out more about how we handle your information and your rights, see our website **www.spsso.org.uk/privacy-notice-and-disclaimer**. If you have any concerns about what we do, please let us know straight away.

Ready to send your form?

Checklist

- Have you fully completed all sections of the form that apply to you?
- Have you included copies of all your supporting paperwork (in particular the letter from the organisation that tells you to take your complaint to SPSO if you remain unhappy)?
- Please do not send us original documents. To help protect your information we do not hold original documents on our complaints files. Any original documents you send will be returned and we will ask you to send us copies. Also, when our involvement with your complaint comes to an end, the documents we hold on our complaints file will be destroyed in line with our retention and disposal policy.
- If you plan to put your documents in date order, please put the most recent document at the front and oldest at the back.

How to contact the SPSO



Freepost SPSO

(this is all you need to write on the envelope, and you don't need to use a stamp)



SPSO

Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS

Opening hours: Monday, Wednesday, Thursday, Friday 9am–5pm, Tuesday 10am–5pm



SPSO freephone **0800 377 7330**



Website **www.spsso.org.uk**



Online contact form **www.spsso.org.uk/contact-form**

You can fill in our complaints form online at **www.spsso.org.uk/complain/form**



Fax **0800 377 7331**



Please contact us if you would like this leaflet in another language or format (such as large print, audio, BSL or Braille).