

## Complaint form

The Housing Ombudsman is set up by law to look at complaints about housing organisations that are registered with us, including housing associations and other landlords, managers, agents and other providers of housing. Our service is free, independent and impartial.

If you have any questions about filling in this form or need it in a different format or language, please contact the **Dispute Resolution Team on 020 7421 3800**

Please use **BLOCK CAPITALS** and make sure you sign the form.

All questions printed in red must be completed or we may have to return the form.

### **I** *Information about the complainant*

Give details of the person whose complaint this is.

Title

First name

Last name

Address

Postcode

Contact telephone number

Other telephone number

Email address

## 2 Your complaint

Name of the landlord or other organisation you are complaining about

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Your relationship with that organisation

We can only look at complaints when they have been through the landlord's formal complaint procedure. This gives the landlord the chance to respond and try to put things right.

**Have you completed the organisation's formal complaints procedure?**

- No** – you must send your complaint to the landlord
- 
- Not sure** – contact us to discuss your complaint
- 
- Yes** – continue completing this form. Send with the form a copy of the final response from the landlord and any other documents about your complaint

Please do not send us any original documents. We do not keep our files for long and all papers are destroyed.

**Did you complete the landlord's complaints procedure more than 12 months ago?**

- Yes** – then we are unlikely to be able to look into your complaint. Contact us to discuss further
- 
- No** – continue completing this form

**Has the matter been considered in court or by the leasehold valuation tribunal?**

- Yes** – then we are unlikely to be able to look into your complaint. Contact us to discuss further
- 
- No** – continue completing this form

**My complaint is...** (describe briefly what has gone wrong)

**I would like the landlord to...** *(say what would help to put matters right)*

If you would like advice about making a complaint, please contact the **Dispute Resolution Team on 020 7421 3800**

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

We are happy to take a complaint from your representative. If you use a representative, this means we will write to them not you.

You will still need to sign part 4.

Representative's name

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Representative's address

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Representative's postcode

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Representative's contact telephone number

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What is the representative's relationship with the complainant?

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Tell us why the complainant is not making the complaint themselves

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Representative's signature

Date

## 4 *Your signature*

We need your signature or we will not be able to deal with your complaint. If you do not sign the form, we will have to return it to you and this will cause delay.

You must sign this form even if someone else makes the complaint on your behalf.

By signing this form I agree that the Housing Ombudsman Service may send a copy of my complaint and related documents to the landlord I am complaining about. I also agree to the Service asking the landlord and other relevant bodies for information about me to help it deal with my complaint. I understand that the Service will only use the information for purposes that fall within its terms of reference.

I understand that the Service may give my representative, if one is used, information about me and the complaint that I am making.

**Signature of complainant**

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**Date**

When we receive your complaint form we will decide whether we have the legal power to look at the complaint. This can be complicated and we may need more information.

## Monitoring information

The Housing Ombudsman Service is opposed to unfair or unlawful discrimination. We are committed to ensuring that the Service benefits everyone who is entitled to use it.

You do not have to fill in this section of the form, but doing so will help us to see if we are achieving our aim of treating everyone equally and to find ways of doing better. We will keep your answers to this section separate from your complaint and completely confidential. We use them for statistical purposes only.

**Please tick one box only for each question.**

*The categories we use derive from the CORE system for registering new lettings in England, to allow comparison between both sets of statistics.*

### I would describe myself as:

- |                                 |                          |
|---------------------------------|--------------------------|
| African                         | <input type="checkbox"/> |
| Asian                           | <input type="checkbox"/> |
| British                         | <input type="checkbox"/> |
| Caribbean                       | <input type="checkbox"/> |
| Irish                           | <input type="checkbox"/> |
| Other European (please specify) | <input type="checkbox"/> |
|                                 |                          |
| South East Asian                | <input type="checkbox"/> |
| Other (please describe)         | <input type="checkbox"/> |

### My colour is:

- |                         |                          |
|-------------------------|--------------------------|
| Black                   | <input type="checkbox"/> |
| White                   | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |

### I am:

- |        |                          |
|--------|--------------------------|
| Female | <input type="checkbox"/> |
| Male   | <input type="checkbox"/> |

### My sexuality is:

- |                         |                          |
|-------------------------|--------------------------|
| Gay man                 | <input type="checkbox"/> |
| Heterosexual            | <input type="checkbox"/> |
| Lesbian                 | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |

### I consider myself to be disabled:

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

### Composition of my household is:

- |                         |                          |
|-------------------------|--------------------------|
| Couple                  | <input type="checkbox"/> |
| Couple with child/ren   | <input type="checkbox"/> |
| Single                  | <input type="checkbox"/> |
| Single with child/ren   | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |

### My age is:

- |         |                          |
|---------|--------------------------|
| 16 – 25 | <input type="checkbox"/> |
| 26 – 40 | <input type="checkbox"/> |
| 41 – 60 | <input type="checkbox"/> |
| 61 – 75 | <input type="checkbox"/> |
| over 75 | <input type="checkbox"/> |





Housing  
Ombudsman  
Service

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