

Ref Number:

Complaint form

The Housing Ombudsman Service is set up by law to look at complaints about housing organisations that are registered with us, including housing associations and local authorities. The Ombudsman must decide what is ‘fair in all the circumstances’.

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 0300 111 3000**.

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.

1. Information about the complainant

Give details of the person whose complaint this is.

Title

Forename

Surname

Address

Postcode

Phone

Mobile

Email address

Preferred contact method

Who is making this complaint? Complainant /Representative

Special Requirement?

2. Your complaint

Name of the landlord or other organisation you are complaining about

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 Landlord's complaints procedure?

We need to know this because we can only look at complaints once the landlord has had the opportunity to consider your complaint.

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

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** – It is unlikely we will be able to look into your complaint; please contact us if you would like to discuss this with us further.
- Not sure** – please contact us.
- No** – continue completing this form.

Has the matter been referred to a Designated Person? A Designated Person can be an MP, a local councillor, or a recognised Tenant Panel.

- Yes**
- Not sure** – you need to contact a Designated Person
- No** – you need to contact a Designated Person

When did you first report this issue? DD/MM/YYYY

When did you make a formal complaint? DD/MM/YYYY

My complaint is about:

How have you been affected?

What do you think should be done to put the matter right?

What has the landlord done so far?

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

Representative's address

Representative's postcode

Representative's contact telephone number

Representative's email address

What is the representative's relationship with the complainant?

Tell us why the complainant is not making the complaint themselves

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

Date

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.

Please indicate your age:

- 16 – 24
25 – 34
35 – 44
45 – 54
55 – 64
over 65

Are you married or
in a civil partnership:

- Yes
No
Prefer not to say

What is your sex?

- Male
Female

Do you identify as:

- Heterosexual/Straight
Gay man
Gay woman/lesbian
Bisexual
Other
Prefer not to say

Do you consider yourself to
have a disability:

- None Yes/No
Sensory impairment Yes/No
Mental ill health Yes/No
Learning difficulty Yes/No
Mobility Yes/No
Long term
medical condition Yes/No
Other Yes/No
Prefer not to say Yes/No

Please indicate your
religion, practice or belief:

- None
Jewish
Hindu
Buddhist
Muslim
Sikh
Christian
Other religion or belief
Prefer not to say

How would you describe
your ethnic origin?

- White
English/Welsh/Scottish
Irish
Northern Irish
Gypsy or Irish Traveller
Other

Mixed/multiple ethnic

- White + Black Caribbean
White + Black African
White + Asian
Other mixed background

Black/African/Caribbean/
Black British

- African
Caribbean
Other

Asian/Asian British

- Indian
Pakistani
Bangladeshi
Chinese
Other

Other ethnic group

- Arab
Other
Prefer not to say



Housing

Ombudsman Service

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