

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'.

Please use this form to tell us about your complaint. If you have any questions about filling in the form or need it in a different format, please call us on **0300 111 3000**. Calls are recorded for training and monitoring purposes.

How we look after your data

As an organisation set up by law we are allowed to collect personal data from you to enable us to consider and investigate your complaint. We will do this fairly and in line with the law on data protection. We have processes in place to ensure your personal data is protected.

If you would like more information please see the privacy notice on our website at www.housing-ombudsman.org.uk or call us on 0300 111 3000.

Section 1: Complainant's details

If you are complaining on behalf of someone else, please include their details here and your details in section 3.

Title: First name: Surname:

Address:

.....

Postcode:

Phone number: Mobile:

Email address:

Preferred contact method

Contact methods	Select your preferred method of contact
Email	
Phone	
Mobile	
Post	
Via representative	

Do you require any reasonable adjustments to the way we communicate with you? Please tell us how we can assist you further.

.....

Please select your tenure type

Tenure type	Select the one that applies to you
Applicant	
Assured tenancy	
Assured shorthold tenancy	
Co-operative	
Secure tenancy	
Shared ownership	
Leaseholder	
Freeholder	
Other	

What is the name of the landlord or other organisation you are complaining about?

.....

Time limits may apply to your complaint so we need to know these dates:

When did you first report the issue?

When did you make a formal complaint?

Have you completed the landlord's complaints procedure?

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

(Remove the answers that do not apply to you.)

Yes – continue completing this form. Please include a copy of your landlord's final response to your complaint with this form.

No – you should first send your complaint to the landlord.

Not sure – please contact us to discuss your complaint.

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

(Remove the answers that do not apply to you.)

Yes – it is unlikely that we will be able to look into your complaint. Please contact us if you would like to discuss this further.

No – continue completing this form.

Not sure – please contact us.

What is your complaint about?

How have the issues raised in your complaint affected you or people living in your household?

For example, has the landlord's action or lack of action led to you not receiving a service which you should have received, or has it led to you being inconvenienced or incurring a loss?

What action has your landlord taken to put things right since you first made the complaint?

Action from your landlord could include:

- contacted you a visit to your home inspection/survey carried out
- completed some/all repairs
- apologised to you

What do you think the landlord should do to put the matter right?

For example, do you think that the landlord should carry out certain works, offer further explanation or offer redress?

Section 2: Complaining on behalf of someone else

We are happy to take a complaint from your representative. If you use a representative, we will contact them not you. You both need to sign below.

Representative's name:

.....

Representative's address:

.....

Representative's postcode:

.....

Representative's 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

.....

Signature of complainant

Date

.....

I understand that the service may give my representative information about me and the complaint that I am making.

Send us your complaint

Please email your form and a copy of the landlord's final response on your complaint to: info@housing-ombudsman.org.uk

Or you can post it to:

Housing Ombudsman Service

PO Box 1484

Unit D

Preston

PR2 0ET

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

If you have any questions see our website at www.housing-ombudsman.org.uk or call us on [0300 111 3000](tel:03001113000).

Calls are recorded for training and monitoring purposes.

Monitoring information

Information provided in this section of the form will be used for monitoring purposes only. The answers you give will be stored on your complaint record, however caseworkers working on your complaint will not access this data.

If there is information relevant to the handling of your complaint which you wish caseworkers to be aware of, you should consider recording it within the other sections of this form.

Further information about how the Housing Ombudsman Service handles your personal data can be found in our [privacy notice](#).

Please tick only one box for each question.

Ethnicity: 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

Gender: What is your sex?

Man

Woman

Intersex

Non-binary

Prefer not to say

Sexuality: Which of the following best describes your sexual orientation?

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/straight

Other

Prefer not to say

Marital status: Are you married or in a civil partnership?

Yes

No

Prefer not to say

Religion: Please indicate your religion, practice or belief.

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Other religion or belief

Prefer not to say

What is your age group?

16-24

25-34

35-44

45-54

55-64

Over 65

Prefer not to say

Disability: Do you consider yourself to have a disability?

Learning difficulty

Long term medical condition

Mental ill health

Mobility

Sensory

Other

None

Prefer not to say