

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

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

				name:				
Postcode: .								
Phone num	ber:		Mobile:					
Email addre	ess:							
Preferred co	ontact method	l:						
Email 🗆	Phone □	Mobile□	Post □	Via representative \square				
Do you have any accessibility or practical needs?								
Please provide details of how we can help such as providing large print or audio recordings								
Tenure: App	plicant 🗌 Assu	red tenancy [Assured sho	orthold tenancy Cooperative				
Secure tenar	ncy 🗌 Shared	ownership 🗌	Leaseholder [☐ Freeholder ☐ Other ☐				

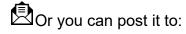
Section 2: Your complaint What is the name of the landlord or other organisation you are complaining about? Time limits may apply to your complaint so we need to know these dates: When did you first report the issue? When did you make a formal complaint? Have you completed the landlord's complaints procedure? We need to know this because we can only investigate once the landlord has had the opportunity to consider your complaint. ☐ **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? ☐ **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 you been affected? 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 has the landlord done since you first submitted your complaint?						
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?						
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Section 3: Complaining on behalf of someone elsewhere the someone elsewhere elsewhere the someone elsewhere el	sentative. If you use a					
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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



Housing Ombudsman Service PO Box 152 Liverpool L33 7WQ

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.

Calls are recorded for training and monitoring purposes.

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 only one box for each question

Please indicate your age: ☐ 16-24	Do you consider yourself to have a disability?		How would you describe your ethnic
□ 25-34	None	Yes/No	origin?
□ 35-44 □ 45-54	Sensory Impairment	Yes/No	White ☐ English/Welsh/Scottish
□ 55-64 □ Over 65	Mental ill health Yes/No		☐ Irish☐ Northern Irish
☐ Prefer not to say	Learning difficulty	Yes/No	☐ Gypsy or Irish traveller ☐ Other
Are you married or in a	Mobility	Yes/No	Mixed/multiple ethnic
civil partnership? □ Yes	Long term Yes/No medical condition		☐ White + Black Caribbean
□No	Other	Yes/No	☐ White + Black African
☐ Prefer not to say	Prefer not to s	av Yes/No	☐ White + Asian
W// 4 !		•	☐ Other mixed background
What is your gender?	Please indica religion, prac	•	Black/African/
☐ Female	belief:		Caribbean/Black British
☐ Male☐ Non-binary	☐ None		☐ African
☐ Prefer not to say	□ Jewish		☐ Caribbean
	□Hindu		□ Other
Do you identify as:	☐ Buddhist		Asian/Asian British
☐ Heterosexual/straight	☐ Muslim		☐ Indian
☐ Gay man	☐ Sikh		□ Pakistani
☐ Gay woman/lesbian	☐ Christian	an an baliaf	☐ Bangladeshi☐ Chinese
☐ Bisexual	☐ Other religion☐ Prefer not to		☐ Other
☐ Other		o say	
☐ Prefer not to say			Other ethnic group
			☐ Arab ☐ Other
			□ Prefer not to say