## **TUS COMPLAINTS FORM**

**A: Your details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you want us to correspond with you? Tick all that apply. At least one written option must be selected.

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that minutes of phone calls may be taken where necessary. A copy of these minutes will be

supplied to you.

**Alternative options**

If our usual way of dealing with complaints is difficult for you, please tell us so that we can discuss how we might accommodate you alternatively.

**Third party reporting**

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

### B: Making a complaint on behalf of someone else: Their details

Their name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It will be necessary for us to verify that they have given you authority to act on their behalf?

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that minutes of phone calls will be taken to verify their agreement. A copy of these minutes

will be supplied to you.

What is your relationship to them? ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why are you making a complaint on their behalf? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

Please outline your complaint – What happened; When did it happen

*Please use the notes section of this form to add additional information if necessary*

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Describe how you personally or the person you are representing suffered or has been affected

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Have you already put your concern to the frontline staff responsible for delivery of the service? If so, please give brief details of how and when you did so.

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If you have any documents to support your concern/complaint, please attach them with this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **OMBUDSMAN**

We hope that we have been able to resolve your complaint satisfactorily. However, if you remain unhappy with our response then you can refer your complaint to the Office of the Ombudsman. The Ombudsman is fair, independent, and free to use.

The Ombudsman will ask you for details of your complaint and a copy of this letter/email (our final response to your complaint). The best way to contact the Ombudsman is by:

**Clicking on the ‘Make A Complaint’ link at** [**www.ombudsman.ie**](http://www.ombudsman.ie)

· Or writing to: Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773

· Or calling the Ombudsman on 01 639 5600 if you have any queries or if you need help making your submission.

# NOTES

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