



### Please use this form to:



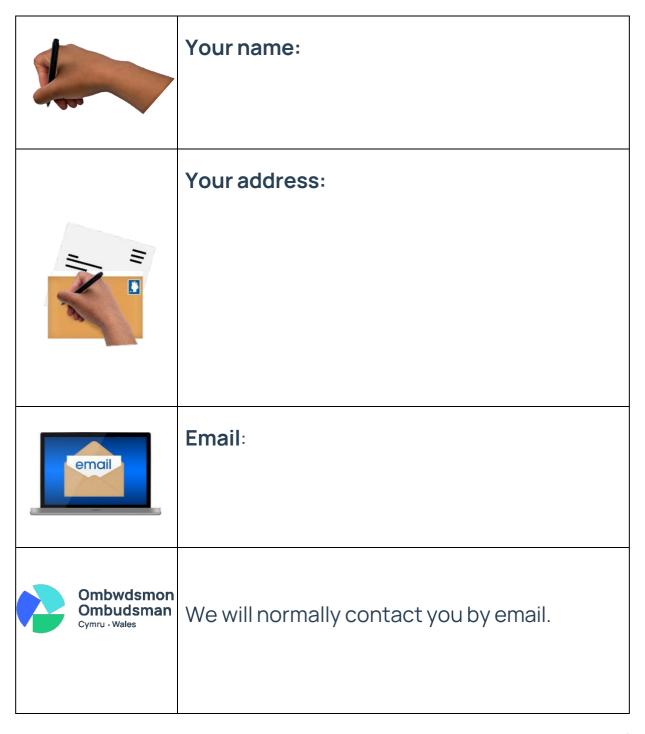
 ask us to look again at what we decided

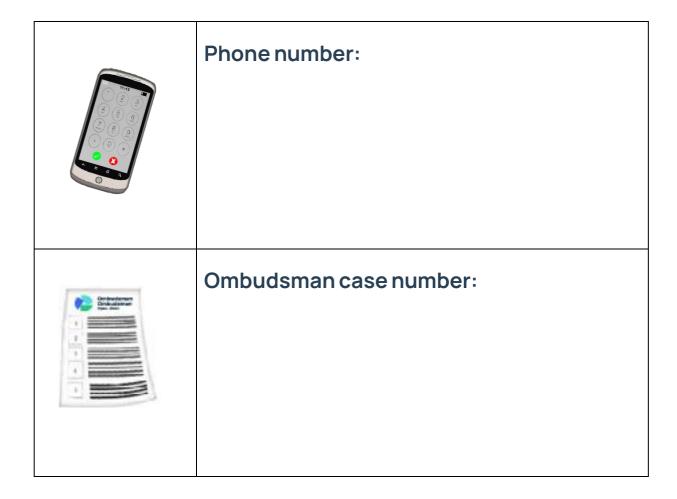


Please let us know if you need help to fill in this form.



# Part A About you







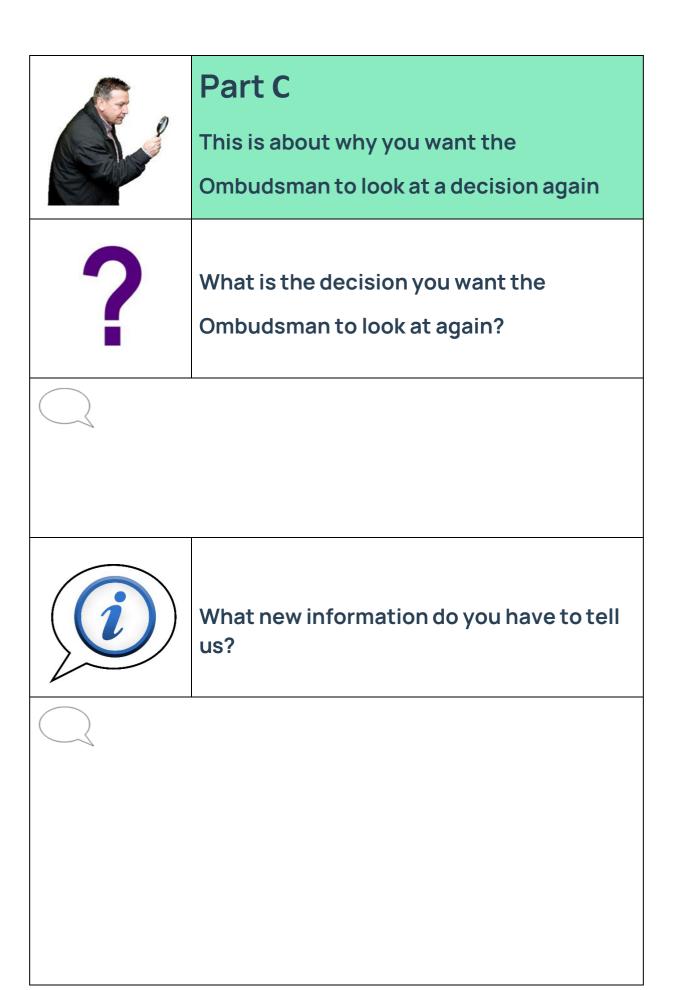
### Part B

Are you completing the form for someone else?

Please put their details here:

?	Their name:
	Address:
	How do you know them?

Why are you making a complaint for them?
<ul> <li>Sign here if:</li> <li>you want to complain</li> <li>you are happy someone has completed the form for you</li> </ul>
Sign:





## What don't you think the Ombudsman looked at properly?



Please say clearly what it was for every point you make

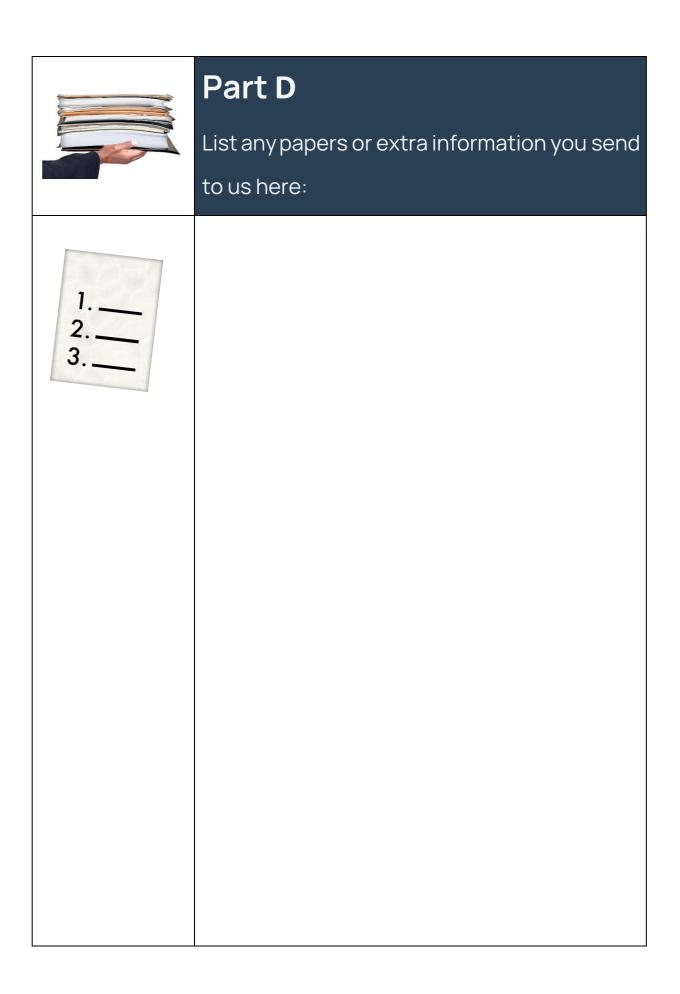




If you have any papers that help us understand your case, please send them with this form.



We will not always do a review just because you don't agree with what the Ombudsman decided





#### You can email this form to us:

Review.request@ombudsman.wales



### Or post it to:

Feedback Team

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ



If you need to speak to someone our number is:

0300 790 0203