



Request a review of a decision we have made

Section A Your Details

The person who submitted the complaint about a public body, or who experienced the problem with our service, should normally fill in this form.

If you are filling this form in on behalf of someone else, please also complete **Section B**.

Your Name in Full	
Address	
Postcode	
Email	

**If you provide an email address, we will normally use it for
correspondence.**

Daytime contact number	
Mobile number	
Ombudsman's case reference number(s) if known	

Section B If you are requesting a review on behalf of someone else, please provide their details

Their Name in Full	
Their Address	
What is your relationship to them?	
Why are you acting on their behalf?	
If they can, they should sign here to confirm that they support your action in making this request / complaint	
Their signature	

Your request for a review of a decision by the Ombudsman

What was the date of your decision?

If it was more than twenty working days ago, please explain why your request has been delayed.

What new evidence do you have?

Why do you think we have not properly considered your complaint?

What evidence do you think we have not taken into account, and how did you think it affected our decision?

You will need to provide this information for each point you want to raise.

Remember: we will not be able to look at your review request if you simply disagree with our decision.

If you have documents to support your request, please submit them with this form

Please list any documents you are sending us or provide any additional information here

When you have completed this form either:

Email it to: Review.request@ombudsman.wales

Or print and send it to: **Review Team**

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae Pencoed Bridgend CF35 5LJ

We will acknowledge your form within 5 working days of receipt.