

**COMPLAINT FORM**

If you need help filling out this form or have any questions, please call us on FREEFONE 1800 202040



**Part 1. Contact information of the person making the complaint:**

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

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

\_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

The Office is open from 9.15am to 5.00pm. What is the best time to contact you?  
\_\_\_\_\_

How did you hear about our Office? \_\_\_\_\_

**Part 2. Information about the child(ren) you are making a complaint for**

Are you a young person making a complaint about something that affects you?

Yes  No

If yes, please give your date of birth (and then go straight to Part 3. of this form): \_\_\_\_\_

If no, please give the name(s) and age(s) of the child(ren) you wish to make a complaint for:  
\_\_\_\_\_  
\_\_\_\_\_

Please state your relationship to the child(ren), for example, parent, guardian, teacher, social worker, aunt, uncle, brother etc.: \_\_\_\_\_

If possible, please say what are the views/wishes of the child(ren) concerned on what you wish to complain about



7. What would you like to see happen?

8. Have you made this complaint already to another organisation or have you taken any legal action? If so, please give information.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

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**If you have any more information you would like to tell us, please write it here:**

(We would like to remind you that if you need help filling out this form or have any questions, please call us on FREEFONE 1800 202040)

**Send your complaint form to:**  
Ombudsman for Children's Office  
Millennium House  
52 - 56 Great Strand Street  
Dublin 1

**Or fax to: 01 8747333**