



Hear Women Org. Complaint Form

About you

Title:

Your first name:

Your last name:

Your full address:

Your email address:

Your telephone number:

Alternate telephone number:

We prefer to do as much as possible over the phone, but this might not suit everyone. How would you like us to contact you in the future?

By phone **By email** **By post**

If by phone, do you prefer morning or afternoon?

If you would like help to use our service or would like us to send you information in a certain way, please tell us what you need. For example we can send audio CD's, translated letters and use interpreters for phone calls.

Are you making a complaint on behalf of someone else? If you are:

What is their full name?

What is their full postal address?

What is their telephone number?

What is your relationship to the person who wants to complain?

Have they agreed to you making this complaint on their behalf?





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Please ask them to sign and date this form in the space below if they are able to do so.

Signed

Dated

We may ask you to provide evidence that you can complain on their behalf.

Your Complaint

What is the name and address of the firm or service provider?

What is the name of the person you would like to complain about?

What work did you ask the service provider to do for you? For example, it could be to do with buying or selling a house or business premises, family matters, a personal injury, a claim against a financial product, or drawing up a contract or will.

When did you ask them to start working for you and are they still working for you now on this matter?

What are you complaining about? Please list briefly what the service provider did (or did not do) that made you unhappy with the service you received. Please also tell us the date that you first became aware of each problem.

Problem	Date you first became aware (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>





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When did you complain to the service provider? Please provide the full date or dates.

How did you complain? By email, letter, phone call or meeting

What is the name of the person who dealt with your complaint?

What was the date of the service provider's full response to your complaint?

What did the service provider say in their response to your complaint?

If your complaint was made by email or letter, please send us a copy of your complaint together with copies of any responses received. Please do not send us any other information at this time; we will let you know if we need any more evidence from you.

What effect has the service provider's service had on you? This could be anything from feeling upset or embarrassed, missing out on something important to you, or even losing money.

What would put things right for you?

If we do think there has been a problem with the service you have received from your service provider, then our aim is to help put things right. This could be an apology, the return of files or completing the work. We have no powers to discipline or fine service providers but in some cases we might decide that some compensation will help to put things right.



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Have you made a complaint before to us or anyone else about this matter? If yes, who did you complaint to?

If you have; when did you complain before? Please provide the full date or dates.

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Before sending this form to us, please make sure you have completed all areas, and then signed and dated the form below:

Signed

Dated

Important things to know about how we handle your information

Calls are recorded, including calls you make to us, calls we make to you as well as calls to other people and organisations.

We will need to handle personal details about you which could include sensitive information.

We will need to share information we consider relevant about your complaint with the service provider and with their approved regulator.

We use information from the complaints that come to us to improve our service, and to help shape how we work and our policies. We may share information about this case, including your contact details, with carefully selected third parties for research purposes, such as customer satisfaction surveys. If you do not want us to share this information, or to be contacted for these purposes, please let us know.

We publish data about all cases that require an ombudsman's decision, including the name of the service provider, the decision of the ombudsman and the area of law. We will not publish your name or personal details. Further information can be found in the 'Data and decisions' area of our website.

We comply with data protection rules at all times. You can contact our dedicated team (info@hearwomen.org) for further information about this and any freedom of information requests.



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All documents you send to us will be scanned on to our computer system and then Destroyed after 28 days. Case related information that is stored electronically will usually be deleted 18 months after the case file is closed.

Please do not send us original documents unless we ask you to. If we do ask you to send us original documents, we will keep them safe and return them to you.

How to send us this form

Please complete this form electronically, then save to your computer and email it to us. Alternatively, you can print it, complete by hand and post it to us. Please send to us along with any of the required documents we have asked for:

Email us: info@hearwomen.org

Write to us: **Hear Women Org, 37 Chapel Street, London NW1 5DP**

For any queries you can call us on: **020 3664 9519**

we are open 8.00am to 5.00pm Mon-Fri.

Permission to store and process your data: we are required by law to ask for your permission to record details on your Organisation and staff members. Details may contain your contact details and corporate information about your Organisation. The record of your organisation will be stored in an electronic contact management system.

Paper copies of your data may also be stored securely. Your organisation details may be processed anonymously to Analyse the state of the voluntary sector in Westminster.

Please type **Yes/No** in the permission field to either **Give/Deny** permission to store your contact details on our Database.

Sign: _____

Date _____

