

# COMPLAINTS FORM

## Department of Home Affairs

Where requested, please return this completed form to the Director of Administration & Legislation, DHA Headquarters, Tromode Road, Douglas, IM2 5PA

### Details of Complainant:

Name:

Address:

Telephone Number:

Email Address:

### Names and Details of Personnel Involved:

Names:

- 1.
- 2.
- 3.

Section of Department: (Police, Fire Service etc.)

Office Address: (If known)

**Type of Complaint:** (Reference to the [Standardised Procedure for Responding to Complaints from the General Public](#))

C1 - A complaint concerning a decision by the Department, Board or Office where there is no independent appeal mechanism

C2 - A complaint concerning any failure by a Department, Board or Office to make a decision

C3 - A complaint concerning a failure of service which is not corrected or is not corrected within a reasonable time-scale

C4 - A complaint concerning the failure of administrative arrangements or an over-restrictive or narrow interpretation of such arrangements

C5 - A complaint concerning the application of inappropriate or unfair remedies

C6 - A complaint concerning breach of confidentiality

C7 - Any other substantial complaint not falling within any of the foregoing definitions

**Please circle as appropriate:**

C1   C2   C3   C4   C5   C6   C7

**Details of Complaint:** (Please use separate sheet if necessary)

Please include any details that will help the investigation of the complaint, for example what was said, the date of the incident, why you are aggrieved, if there were witnesses etc.

Signature of complainant:

Date signed:

### For Official Use Only

Date received by and officer's signature: \_\_\_\_\_ Date received by Director: \_\_\_\_\_

Date receipt sent: \_\_\_\_\_ Date entered on central register of complaints: \_\_\_\_\_

Name and section of officer dealing with complaint: \_\_\_\_\_

Date investigation of complaint completed: \_\_\_\_\_ Any other information: \_\_\_\_\_