



Public Services Ombudsman

10 Governor's Lane, Gibraltar

COMPLAINT FORM

DETAILS OF COMPLAINANT

First Name Surname

Home Address

.....

Email:

Home Phone No

PRELIMINARY DETAILS OF COMPLAINT

1. Which Public Service Provider does your complaint relate to?

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2. When did the alleged matter first come to your attention?

(MM/DD/YYYY)

3 (a). Have you already complained to the Public Service Provider directly?

(Yes or No)

3 (b). If so, have they responded to you? (Yes or No).....

