

Completed forms should be returned to:

The Prisoner Ombudsman for Northern Ireland
Floor 22, Windsor House, Bedford Street
Belfast BT2 7FT

NOTE: Please ensure all sections of this form are filled out correctly

tel: 028 9044 3982

fax: 028 9044 3993

email: pa@prisonerombudsman.x.gsi.gov.uk

web: www.niprisonerombudsman.gov.uk

FREEPHONE 0800 783 6317



MAKING A COMPLAINT TO THE PRISONER OMBUDSMAN

Independent, Impartial Investigation

HOW THE PRISONER OMBUDSMAN SYSTEM WORKS

Whatever your complaint is about, you should initially use the Prison Service Internal Complaints Process to try and deal with the problem before contacting the Prisoner Ombudsman.

If you are a visitor to a prison you should raise the complaint with the Local Visits Manager in the first instance.

If, you remain unhappy with the outcome you can make a complaint to the Prisoner Ombudsman using the form at the back of this leaflet, or you can contact the office using the **FREEPHONE NUMBER 0800 783 6317**.

When you send your complaint to us we will decide whether we are able to investigate it and will then begin an investigation.

A Prisoner Ombudsman Investigator will then meet with you to discuss your complaint. Then we will look carefully at all the facts and will prepare a report for the Ombudsman.

Once everyone has seen the report, the Ombudsman will formally approve it and make recommendations if appropriate. Where the Ombudsman makes recommendations, we will also then follow up and check that these have been acted on.

OMBUDSMAN COMPLAINT FORM - PRISONER

Please fill out the form and send to the Prisoner Ombudsman

YOUR PERSONAL DETAILS (WHERE APPROPRIATE)

Last Name:		First Name:	
Title: (tick one)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>
	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	
Date of Birth:		Release Date:	
Prison Number:			
Please give the name of the prison and the wing where you are/were held and home address if you have been released.			
Prison: (tick one)	Maghaberry <input type="checkbox"/>	Magilligan <input type="checkbox"/>	Hydebank Wood <input type="checkbox"/>
Prison Wing:			

What is your complaint about?

What do you think should be done to put things right?

Please give details of any special needs we need to bear in mind when we are dealing with your complaint or communicating with you.

Prison Complaint Reference Number:

Has the Prison Service considered your complaint? Yes No

Have you gone through all the stages of the Internal Complaint Process? Yes No

If 'Yes', please send a copy of their reply. If you have not gone through the full internal complaint process we may not be able to investigate your complaint.

OMBUDSMAN COMPLAINT FORM - VISITOR

Please fill out the form and send to the Prisoner Ombudsman

YOUR PERSONAL DETAILS (WHERE APPROPRIATE)

Last Name:		First Name:	
Title: (tick one)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>
	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	
Home Address: (please include house number, county and postcode)			
Date of Visit:			
Prisoner Visited:			
Prison Visited: (tick one)	Maghaberry <input type="checkbox"/>	Magilligan <input type="checkbox"/>	Hydebank Wood <input type="checkbox"/>

What is your complaint about?

What do you think should be done to put things right?

Please give details of any special needs we need to bear in mind when we are dealing with your complaint or communicating with you.

Prison Complaint Reference Number:

Visits Manager Complaint raised with:

Please attach a copy of your original complaint and the Visits Managers response.