



OFFICE OF THE OMBUDSMAN OF SOLOMON ISLANDS
COMPLAINT FORM

Should you wish to make a complaint to the Ombudsman, please fill out this form and send to us through any of the following ways:

- (a) Post to Ombudsman of Solomon Islands, P.O Box 535, Honiara, Attention to: RAPA Officer;
- (b) Email oosi@ombudsman.gov.sb; or
- (c) Hand-deliver at our office at Isaac Qoloni House, Hibiscus Avenue, Point Cruz, Honiara.

Complaints to the Ombudsman can also be made by telephone or in person. Our telephone numbers are (677) 21855 and (677) 21856.

1. Your (Complainant's) Information:

Last name: First Name(s):

Address:

Province:

Occupation: Employer:

Phone (private): Phone (office):

Email: Fax:

Contact information of any immediate relative or friend we may contact if you are not available:

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2. Are you representing someone else (or an entity) in this complaint?

If yes, provide the contact details of the person you are representing.

Last name: First Name(s):

Address:

Province:

Occupation: Employer:

Phone (private): Phone (office):

Email: Fax:

3. Name of the public body (Ministry, agency, office, provincial government or division, city/town council, education authority, corporate body or state-owned enterprise) or their agent or contractor you are complaining about:

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4. Name of the officer(s) whose conduct you complained about (include the official position held by the officer at the time and their contact details if you know).

(a),,
Name Position Contact:

(b),,
Name Position Contact:

5. What is the subject matter (type) of your complaint?

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6. Describe your complaint in detail (what happen, how, when, where the issue occurred, by whom, impact on you, etc. If space is not sufficient, please enclose separate sheet/s).

7. Did the conduct you are complaining about happen more than 12 months ago?

If yes, give reason(s) regarding why you have not complained earlier to the Ombudsman.

8. Why do you believe you have been treated unfairly (or that the conduct you complained of is wrong)?

9. Did you take any action (such as writing to, or discussing the issue with the person/office concerned or another person, filing an appeal or review, initiating court action, etc) in attempting to resolve the problem before making this complaint to the Ombudsman?

If yes, specify the action, the date the last action was taken and what the result was.

Action:

Date of action:

Result/Date:

10. What result would you like the Ombudsman to achieve for you?

11. Do you have any documents in relation to your complaint that you wish to provide copies of to the Ombudsman?

If yes, specify and enclose those documents with this form.

Documents attached:

12. Complainant's signature (not compulsory):

13. Date:

FOR OFFICE USE ONLY:

CASE NUMBER:

DATE COMPLAINT RECEIVED:

RECEIVED BY (NAME & SIGNATURE):

RECEIVED THROUGH: Letter Email Fax Phone In person