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| **COMPLAINT FORM** |
| **To be completed by the person making the complaint, or someone acting on their behalf**  This form can be completed electronically and submitted to the Commissioner for Public Appointments at:  [publicappointments@csc.gov.uk](mailto:publicappointments@csc.gov.uk)  Or by post to:  **Commissioner for Public Appointments Room G/08**  **1 Horse Guards Road**  **London**  **SW1A 2HQ** |
| The role of the Commissioner for Public Appointments is to provide independent assurance that appointments by Ministers to the boards of public bodies in England and Wales are made in accordance with the Government’s Governance Code. The Code should be referred to closely when making a complaint to the Commissioner: <https://www.gov.uk/government/publications/governance-code-for-public-appointments>  You do not have to fill out this form to make a complaint, but it may help you to provide the right information to OCPA. Please read information about [the Commissioner’s complaints investigation function on his website](https://publicappointmentscommissioner.independent.gov.uk/regulating-appointments/complaints-and-investigations/) before you fill in this form.  **The Commissioner for Public Appointments will only hear complaints where you have first complained to the Department or other organisation responsible for the Public Appointments process concerned and, having completed their procedure, you have received a response to your complaint, and you remain dissatisfied.**  We will process the information in this form for the purpose of investigating a complaint into the running of a competition regulated by the Office for the Commissioner of Public Appointments. [You can read about your rights and our obligations under the General Data Protection Regulations (GDPR) on our website.](https://publicappointmentscommissioner.independent.gov.uk/privacy-and-cookies-policy/) You can withdraw your consent for us to process your personal data for this purpose at any time. |

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| **Personal Details**  Please provide us with the contact details that you are happy for us to retain to contact you. | | | | | | | | |
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| **Name** | | | |  | | | | |
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| **Address** | | | |  | | | | |
| **Postcode** | | | |  | | | | |
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| **Home Telephone No.** | | | |  | | | | |
| **Mobile Phone No.** | | | |  | | | | |
| **Email** | | | |  | | | | |
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| Please Indicate with an X your preference for how we should contact you | | | | | | | | |
| **Letter** |  |  | **Email** |  |  | **Telephone** |  |  |
| |  |  | | --- | --- | | **Public Appointments Process Details**  Please give details of the Public Appointments Process that forms the basis of your complaint. | | |  |  | | **Name of Appointment Department or Organisation** |  | |  |  | | **Name of Public Body** |  | | **Position (Chair, Member etc.)** |  | |  |  | | **When did the Public Appointments process end, as far as you are concerned?**  **(Please insert the date of any letter informing you of the outcome of the appointments process or other relevant information)** |  | | | | | | | | | |
| |  |  | | --- | --- | | **What is your complaint?** | | | **Please provide a summary of your complaint. In doing so, explain how you consider the above Public Appointments process has breached the government’s Public Appointments Governance Code.**  Please type in the box below. It will expand automatically if more space is required. | | | |  | | --- | |  | | | | | | | | | | |

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| **Declaration**  I confirm that I wish to request the Commissioner for Public Appointments to investigate my complaint as detailed in this form. In lodging this complaint with the Commissioner, I also confirm that:   * I have completed the complaints procedure of the relevant Department or agency and have received a response from them. I remain dissatisfied with their response; * I give my consent for the Commissioner to use my personal data, in keeping with GDPR principles and requirements, when considering my complaint; * And I consent to the Commissioner and his secretariat making enquiries to me, Departments (or other sponsoring authorities) and any other relevant third parties in order to investigate this complaint, based on the information provided in this form. | | | |
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| **Signature**  **(You can type your name)** |  | **Date:** |  |

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| **When submitting this form to OCPA, please attach copies of your correspondence with the relevant appointing Department, especially their final response to your complaint.**  ***Thank you.*** |