

**Feedback - Complaints Form**

Please complete this form providing as much detail as you can. If making a complaint, please provide the name of the officials with whom you were dealing with, the nature of your complaint and the steps taken to-date to resolve it. Dates and copies of any documentation should be included where appropriate.

Click or tap here to enter text.

**Name:**

Click or tap here to enter text

**Address:**

Click or tap here to enter text.

**Postcode:**

Click or tap here to enter text.

**E-Mail address:**

Click or tap here to enter text.

**Telephone/Mobile:**

**Compliment**

**Reason for contacting:**

**Area that your feedback or complaint relates to: Customer service generally**

Click or tap here to enter text.

**IPOI reference number / file number / application number:**

Click or tap here to enter text.

**Please set out your feedback or complaint in the box below:**

**Please check the box if you wish the Office to respond to your feedback or complaint by e-mail.** [ ]

**Please check the box below if you wish the Office to respond in Irish.** [ ]

**Please check the box below if you give consent to be contacted by us to take part in future customer surveys and to acknowledge that you have read and understand the IPOI’s Privacy Notice.** [ ]

