

Mailing address:
 The Parliamentary Ombudsman
 P.O. Box 3 Sentrum
 0101 Oslo, Norway
 Telefax: + 47 22 82 85 11

This form must be completed and signed before sending it to the Parliamentary Ombudsman's office by post or telefax. You may either complete the form before printing it out or print it out first and complete it by hand. The form should be sent by letter or by telefax.

Personal information * these boxes must be completed

Name (First name Surname)* <input style="width: 95%;" type="text"/>	On behalf of (if applicable) <input style="width: 95%;" type="text"/> <small>An authorisation must be attached if the complaint is submitted on behalf of others</small>
Mailing address* <input style="width: 95%;" type="text"/>	
Postal code* <input style="width: 95%;" type="text"/>	Town/city* <input style="width: 95%;" type="text"/>
Telephone <input style="width: 95%;" type="text"/>	Telefax number <input style="width: 95%;" type="text"/>
E-mail <input style="width: 95%;" type="text"/>	

Details of the complaint

Which public administration agency does the complaint refer to? <input style="width: 95%;" type="text"/>	<small>A public administration agency may, for example, be a municipality, a county, a directorate, a ministry, etc.</small>
Have you used your right to appeal against the decision?*	<small>Have you appealed the decision to a higher authority than the agency that turned down your initial appeal against the decision?</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
If your complaint concerns a decision by a public agency, when was this decision passed? <input style="width: 100px;" type="text"/> dd.mm.yy	<small>The time limit for filing an appeal is one year. The time limit is calculated from the date when the final decision was passed.</small>
<input type="checkbox"/> Not known	

COMPLAINTS FORM

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Give a brief summary of the case and explain the injustice or error that you believe has been perpetrated by the public agency. (Press enter for more space)*

Attach copies of the case documents that you believe are relevant in the case.

Date/Place

Signature