

Date: AS POSTMARK

TENANT LIAISON SERVICE

A Chara,

Please complete form and return it no later than 14 days from the postmark on this letter or the day on which you receive this form by email. In line with our Customer Services Charter, we will endeavour to acknowledge and deal with your complaint as soon as possible. Please do not send us photographs or videos of other people taken without their written consent; we will not be able to accept them or process them.

Once we have examined and investigated your complaint the person(s) you are complaining about will be contacted about your allegations and interviewed or spoken to by phone, depending upon the nature of the complaint. Under the [General Data Protection Regulation \(GDPR\)](#) and the Data Protection Act 2018, you will not be entitled to know any details of our dealings with the respondent(s), except that the matter has been dealt with under our procedures. Our procedures for dealing with complaints are available to view on our website at <https://laois.ie/departments/housing/>.

Please note that criminal behaviour should be reported to An Garda Síochána on Garda Confidential 1 800 666 111 or at your local Garda station. More information on reporting crime is available at <http://www.garda.ie>. Please be advised that if your fully completed form is not returned within the 14-day period as specified above it will be given no further consideration.

Is Mise Le Meas,

Tenant Liaison Service

Housing Department

(057) 868 9330

[email: estatemanagement@laoiscoco.ie](mailto:estatemangement@laoiscoco.ie)



Laois County Council

Áras an Chontae, Portlaoise, Co. Laois

HOUSING/ESTATE MANAGEMENT COMPLAINT FORM

Name and address of the person you are complaining about-

Did you contact An Garda Siochana? Yes/No

Which Station?

PULSE* Number of Incident-

(*The PULSE number is the computer-generated number allocated to the crime/incident in the Garda computer system).

My Complaint is as follows (insert details below and include dates, times, and locations if possible):

What impact has this had on you and your family? Use a separate sheet of paper if you need to.

My Name in BLOCK CAPITALS _____



Laois County Council

Áras an Chontae, Portlaoise, Co. Laois

My Address: _____

Phone No. () _____

Email Address: _____

I am happy to be contacted by: Post- , Email- , Phone - ,

My Signature: _____ **Date:** _____

Freedom of Information Act 2014: Complaints regarding issues associated with estate management constitute part of Laois County Council's records for the purposes of the Act. Laois County Council will endeavour to remain as confidential any complaints made to it in confidence and in good faith. Laois County Council cannot, however, give absolute guarantees as the decisions made by the Council in relation to requests under the Freedom of Information Act can be appealed by the requesters to the Office of the Information Commissioner. Please complete the confidential section below:

Confidentiality: Please note that your complaint will be a record of Laois County Council and as such may be liable to an enquiry by members of the public under the provisions of the freedom of Information Act. The Act, however, provides that such a record may be exempt from disclosures/access, or made accessible only after consultation with you, the complainant.

In this regard I _____ request Laois County Council not to disclose my identity or any other information relating to me in investigation of this matter.

This information is given to Laois County Council in confidence and on the understanding that it be treated as confidential. I am aware of the provisions of the Freedom of Information Act and the contents of the note above.

Please complete and return to Tenant Liaison Service , Housing Department, Laois County Council, James Fintan Lalor Avenue, Portlaoise , Co. Laois, or via email to estatement@laiscoco.ie

I have read, understand, and agree with Laois County Council's Privacy Statement - Yes/No

<https://laois.ie/privacy-statement>