COMPLAINT FORM FOR SUBMISSION TO THE OMBUDSMAN OF THE INTERNATIONAL COUNCIL GENERAL OF THE SOCIETY OF ST VINCENT DE PAUL

Identity of the complainant

| First Name: | | | | | | |
|--|--|--|--|--|--|--|
| Surname: | | | | | | |
| Acting on behalf of (if appropriate) (please indicate the e-mail address): | | | | | | |
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| Home address (of the complainant): | | | | | | |
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| City: | | | | | | |
| Department/Region/Province: | | | | | | |
| Zip/Post Code: | | | | | | |
| Country: | | | | | | |
| Phone number: Cell/Mobile phone: | | | | | | |
| Fax number: | | | | | | |
| E-mail Address: | | | | | | |
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| Membership of the Society of St Vincent de Paul: | | | | | | |
| Country | | | | | | |
| Council: | | | | | | |
| Conference: | | | | | | |
| Member since: | | | | | | |

| Against which institution or body of the Society of Saint Vincent de Paul are you making a complaint? |
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| The National Council of the Society in your country A Superior or Zonal Council The Conference to which you belong The CIAD Commission The Committee The Commission The International Council General (ICG) Another body (please specify) |
| Please indicate the e-mail address of the institution or the body, the name of the person in charge and his/her e-mail address) a) Which decision or action is the reason for your complaint? |
| b) When did you become aware of this? |
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| In your opinion, what is the mistake made by the institution or body of the SSVP involved? |
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| In your opinion, what should the institution or body concerned do to correct its mistake? | |
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| Have you already contacted the institution or body of the SSVP concerned? | |
| Yes (please specify date, persons contacted, addresses) no | |
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| If your complaint concerns employment relations with the institutions and bodies have you used all the internal complaints of | or |
| enquiry procedures available as specified in the Internal Statutes of your National Council? If so, have the deadlines allowed for the response expired? | |
| YesNo | |
| No Explain the steps taken to try to solve this problem (if you need more space, add another page) | |
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| Has a decision already been made on the subject of your complaint |
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| * | Yes (please describe the decision, and give date, people involved addresses) | * | no |
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Date and signature:

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

- 1. This form is intended to assist you in writing any complaint.
- 2. The text has to be typewritten.
- 3. The form may be filled in using your preferred language of 4 of the 5 languages of the Society: French, English, Spanish, Portuguese.
- 4. The Ombudsman will acknowledge receipt of this form and will conduct his/her investigations.
- 5. The Ombudsman may seek clarifications or additional documents.
- 6. The Ombudsman is a member of the Society of St Vincent de Paul. He/she is fully independent and fulfills his/her mission in a fraternal and charitable way, with the same spirit which has inspired all the members since the foundation of the first Conference, preserving the heritage of our founders. He/she reports frequently to the President General about the results of his/her investigations.
- 7. The Ombudsman listens to everybody involved and works in the spirit of service which prevails in the Society of St Vincent de Paul: to serve with humility, joy, hope, charity and fraternity.
- 8. The Ombudsman is entitled to receive not only complaints but also suggestions, constructive criticism, and any encouragements or proposals that can help to improve the life of the Society in the world
- 9. Any Vincentian or person belonging to the Society may contact the Ombudsman.