



seirbhís tacaíochta cinnteoireachta

decision support service

REQUEST FOR INTERNAL REVIEW (COMPLAINTS) FORM

This form should be used when requesting (by email or post) a review of a decision relating to a complaint.

This request should be made within 10 working days of receiving notification of the decision.

Further information on who can request an Internal Review and how it is conducted is available on our website www.decisionsupportservice.ie.

Please note that the text boxes on this form are expandable. If you are printing this form to complete by hand, please use BLOCK CAPITALS. You can use additional paper as required.

If you have any questions about filling in this form or need assistance, please call us on 01 2119750 or email us at reviewcomplaint@decisionsupportservice.ie.

SECTION 1: YOUR DETAILS (THE PERSON REQUESTING THE INTERNAL REVIEW)

Complaint Reference Number:	
Title (e.g., Mr/Mrs/Ms/Mx):	
First name:	
Surname:	
Address:	
Eircode (if known):	
Telephone:	
Email address:	



SECTION 2: BASIS FOR REQUESTING A REVIEW

A request for a review must be for one or more of the four reasons listed below. A review request will not be accepted simply because you disagree with our decision.

REASON	DETAILS
1. Challenging our consideration of the facts.	
(This means you do not agree with the way we have considered the facts.)	
2. Challenging our application of the relevant statutory provisions, policies and/or procedures.	
(This means you do not agree with how we have applied the law, our policies or procedures to your complaint.)	
3. New relevant evidence or information has become available that may have had a bearing on the original decision.	
(This means you have further relevant information not previously provided to us.)	

<p>4. Challenging the adequacy of the reasons we provided when setting out our decision.</p>	
<p>(This means you do not think the reason(s) we provided for our decision are clear.)</p>	

SECTION 3: SIGNATURE

To the best of my knowledge, the information that I have provided is true and accurate.

Signature:

Date:

Please attach or enclose copies of all supporting documentation you wish to be considered.

Please return this form by email to reviewcomplaint@decisionsupportservice.ie or by post to:

**Complaints and Investigations Team
Decision Support Service
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4.**