# Submission (complaint) to the Ombudsman

## Who is writing to the Ombudsman? Who needs help?

#### Person - natural person

Name and surname: Click here to write.

Date of birth: Click here to write.

Permanent residence: Click here to write.

Phone: Click here to write. We will call you if we do not understand something.

I wish the Ombudsman would write to me (select):

[ ]  by post (address, if different from permanent residence): Click here to write.

[ ]  by e-mail: Click here to write.

[ ]  to the data box: Click here to write.

#### or Legal person

Name: Click here to write.

Registered office: Click here to write.

Name and surname of the person authorised to act: Click here to write.

Phone: Click here to write. We will call you if we do not understand something.

I wish the Ombudsman would write to me (select):

[ ]  by post (address, if different from registered office): Click here to write.

[ ]  by e-mail: Click here to write.

[ ]  to the data box: Click here to write.

## Are you writing for someone else? Please give your details and attach a power of attorney or write it down (on the next page).

Name and surname: Click here to write.

Date of birth: Click here to write.

Permanent residence: Click here to write.

Phone: Click here to write. We will call you if we do not understand something.

I wish the Ombudsman would write to me (select):

[ ]  by post (address, if different from permanent residence): Click here to write.

[ ]  by e-mail: Click here to write.

[ ]  to the data box: Click here to write.

## Power of attorney (if you print and sign the form after completing it)

I Click here and write the name and surname., authorise Click here and write the name and surname. to deal with the Ombudsman on my behalf in relation to Click here anad write what the case is about..

|  |  |  |
| --- | --- | --- |
| In Click here and write the city. on Click here and write the date. |  | I have accepted the power of attorney in Click here and write the city. on Click here and write the date.. |
|  |  |  |
| signature of the represented person– the person who gives the power of attorney |  | signature of the representative– the one who acts on behalf of another on the basis of a power of attorney |

Please briefly answer the following questions. You may refer to the documents you attach to your submission for details. If you do not have enough space, please continue on the next sheet.

## Which authority or facility are you complaining about?

Click here to write.

You can write down exactly who you dealt with, or other details about the authority or facility.

Click here to write.

## What went wrong? What are you complaining about?

Briefly describe what happened and when, what the authority or facility did wrong, etc.

## What do you want to achieve? What do you think is the best solution?

Write what you want to happen (for the Ombudsman to do). For example, for the authority to make a decision, to change the decision and how, or to overturn the decision..

## What have you done yourself so far - how have you defended yourself? How did it turn out?

Let us know if you have filed a complaint, appealed a decision or taken legal action. Please also state when you did this and what happened (what was in the reply or decision).

## A list of the documents you submit to the Ombudsman:

Please always send the decision of the authorities (copies/photographs are sufficient). The e-mail message to the Ombudsman (with attachments) must not be larger than 20 MB. If the attachments cannot be reduced in size, split them into multiple messages.

**Date**:

**Signature**:

## We protect your privacy (GDPR)

**When you write to the Ombudsman, we will "process" the personal data you have provided** in the form so that we can deal with your case under the Act on the Public Defender of Rights. This means that we hold this data on paper and electronically.

**We guard your personal data carefully and must not disclose it to anyone without good reason.**

**Your personal data may be disclosed to:**

* employees of the Office of the Public Defender of Rights who are involved in the handling of your case,
* authorities or facilities if this is necessary for the handling of your case,
* other public authorities (e.g. law enforcement authorities or courts) if they request it and the Ombudsman agrees (if the Ombudsman is not required by law to disclose the data, he or she will ask you if you wish to do so).

When we receive additional personal data from an authority or facility in the course of dealing with your case, we will also process it.

**We will process your personal data until we have resolved your case and then for 7 years.**

**You have the right:**

* to access your personal data,
* to have it corrected,
* to have it erased (the “right to be forgotten”),
* to object to its processing,
* to have us restrict its processing,
* to lodge a complaint with a supervisory authority, which is the Office for Personal Data Protection. For more information about its activities, please visit [www.uoou.cz](http://www.uoou.cz/).

**Do you want to know more about the processing of your personal data?** Visit [www.ochrance.cz](https://www.ochrance.cz/en/) under About us → [GDPR and personal data protection](https://www.ochrance.cz/en/provoz/gdpr-a-ochrana-osobnich-udaju/) or contact our data protection officer, JUDr. Veronika Gabrišová (tel. +420 542 542 311, poverenkyne@ochrance.cz).