

Ask the Adjudicator's Office to investigate a complaint or review a decision

The Adjudicator's Office Service Level Agreement with HM Revenue and Customs, and the Valuation Office Agency explains the types of complaint we can look at. The Adjudicator's Office Service Level Agreement with the Home Office explains what Windrush Compensation Scheme complaints we can look at and our role in reviewing decisions.

Which department is this about? The Adjudicator's Office can only investigate complaints or review decisions relating to the following departments- put an X in the box that applies: HM Revenue and Customs	Section 1						
The Valuation Office Agency Windrush Compensation Scheme The Adjudicator's Office When did you receive a final reply from HM Revenue & Customs, the Valuation Office Agency or the Home Office (about the Windrush Compensation Scheme)? Section 2 Your details (details of person completing this form) How would you like us to address you? Mr/Mrs/Miss/Ms/Dr etc. First Name Surname							
Windrush Compensation Scheme The Adjudicator's Office When did you receive a final reply from HM Revenue & Customs, the Valuation Office Agency or the Home Office (about the Windrush Compensation Scheme)? Section 2 Your details (details of person completing this form) How would you like us to address you? Mr/Mrs/Miss/Ms/Dr etc. First Name Surname	HM Revenue and Custo	oms					
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When did you receive a final reply from HM Revenue & Customs, the Valuation Office Agency or the Home Office (about the Windrush Compensation Scheme)? Section 2 Your details (details of person completing this form) How would you like us to address you? Mr/Mrs/Miss/Ms/Dr etc. First Name Surname	Windrush Compensation	Windrush Compensation Scheme					
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How would you like us to address you? Mr/Mrs/Miss/Ms/Dr etc. First Name Surname	Section 2						
First Name Surname	Your details (details of person compl	leting this form)					
	How would you like us to address yo	ou? Mr/Mrs/Miss/Ms/Dr etc.					
Full address including postcode Email address	First Name	Surname					
Full address including postcode Email address							
	Full address including postcode	Email address					
Daytime phone number Alternative phone number (if available)	Daytime phone number	Alternative phone number (if available)					

If you are not available,	can we leav	ve a message o	n:			
Daytime phone		Alternative				
What are the best weekdays and times to contact you?						
Please fill in this section their signed consent for our webpage. Please (A Member of Parliamer In all cases please com	you to act in enclose thein nt represent	n making and d r consent with t ing a constituer	iscussing their com his form when you s nt does not need to	plaint. A form is a send it to us. provide written co	vailable on	
•		stand bolow abo		are representing.		
Their first name			Their surname]	
Their full address includ postcode What is your relationship	p to them?					
For example, friend, rela agent, Member of Parlia						
Section 3						
Please tell us about w been given.	hat you wa	ant us to consi	der. Include any r	eference numbe	rs you have	

Section 4			
Please tell us about	any effects this has had on	you.	
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Section 5				
What outcom	ne are you seekin	g?		