PARADES COMMISSION

Putting things RIGHT

- The Commission’s Secretariat aims to provide a high quality, efficient and effective administration service.

If you have a comment on, or are unhappy with, our administration service please tell us.
We aim to deal with all 11/1 parade notifications, 11/3 parade-related protest notifications, contact interested parties, issue/publish Commission decisions and deal with enquiries as quickly as possible and provide our customers with a polite and efficient administration service.

Any dissatisfaction about the action or lack of action, or about the standard of service, by the Commission’s Secretariat can be dealt with under this complaints procedure.

HOW TO MAKE A COMPLAINT

1. If you are not satisfied with our administration you can:-

Submit your complaint by e mail clearly marking the subject line complaint to the e mail address below info@paradescommissionni.org

Or

Download and complete the attached form and send it to:

Customer Services Manager
Parades Commission
2nd Floor Andras House
60 Great Victoria Street
BELFAST
BT2 7BB

We will ensure that your concerns are followed up promptly and fairly.

If we have made a mistake we will apologise. We will tell you what went wrong and what we are doing to put things right. We will acknowledge receipt of your complaint within 5 working days and deal with your complaint within 20 working days.

If you are not happy with the reply from the Customers Services Manager you can:-

2. Write to the Secretary of the Commission at the following address:

Secretary of the Commission
Parades Commission
2nd Floor Andras House
60 Great Victoria Street
BELFAST
BT2 7BB

If you are still not satisfied, you may decide to refer your complaint to the Parliamentary and Health Service Ombudsman.

Contact details for the Ombudsman’s Office are provided below:

Parliamentary and Health Service Ombudsman
Customer Helpline: 0345 015 4033
8.30am – 5.30pm Mon - Fri

or you can visit their website at:

http://www.ombudsman.org.uk/make-a-complaint
COMMENTS/COMPLAINTS FORM

Your Name: __________________________________________

Your Address: ________________________________________
  ________________________________________
  ________________________________________
  ________________________________________
  ________________________________________

Your daytime telephone number (optional): ________________

Your comments/complaint

Please continue overleaf and use extra paper if necessary.
Please return to the address given overleaf.

Signature: __________________________________________

Date: ____________________________________________