

Parliamentary Ombudsman complaint form See pt # 2.1 for 29 July 2010 'Get Lost!' reply i.e. ONE YEAR

Before filling in this form we recommend that you contact our Helpline on 0845 015 4033. We can tell you if we are able to help and give you advice on the best way to make your complaint. We can also help to fill in the form for you.

Please use BLOCK CAPITALS when filling in this form.

To the MP This section must be completed by the person making the complaint

To (*name of MP*) **SIR MALCOLM RIFKIND, MP**
House of Commons, London SW1A 0AA

From (*your name and address*)

Title (Mr/Mrs/Ms etc.): MS

First name(s) **NOËLLE**

Last name: **KLOSTERKOTTER-DIT-RAWÉ**

Address: [⌘]

Post code: [⌘]

Home telephone number

Daytime telephone number: [⌘]

Email

Please consider the complaint I have described below and in the information attached. Please complete Section 3 and send this complaint to the Parliamentary Ombudsman.

Signature (*of person sending the complaint*)

Date

If you are complaining on behalf of someone else, you must complete Section 2, if not, go to Section 4

2. Complaining on behalf of someone else. ONLY complete this section if you are making the complaint on behalf of someone else

I am making this complaint on behalf of

Title (Mr/Mrs/Ms etc.)

First name

Last name

Address

Post code

Home telephone number

Daytime telephone number

Email

What is your relationship to the person who has suffered as a result of the problem?

Please tell us why the person who has suffered is not making the complaint him/herself

Authorisation: To be filled in by the person who has suffered as a result of the problem

I wish the Parliamentary Ombudsman to investigate this complaint and give permission for the Ombudsman to obtain relevant information about my case from the organisation(s) concerned.

Signature

Date

(*or please explain why the person who as suffered is not able to sign*)

3. From the MP to the Ombudsman *To be completed by the Member of Parliament*

To: The Parliamentary Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

Mr/Mrs/Miss/Ms

has sent me a complaint. Please consider this complaint and let me know if you will investigate it.

Signature of MP

Date

4. Which organisation are you complaining about? *(give the name of the organisation)*

(1) LONDON LEASEHOLD VALUATION TRIBUNAL; (2) WEST LONDON COUNTY COURT; (3) WANDSWORTH COUNTY COURT

Have you complained to the organisation involved? *(please tick relevant box)*

Yes I have complained

No, I have not complained because *(please give your reason)*

Before deciding to look into your case the Ombudsman usually expects you to put your complaint to the organisation concerned. This gives the organisation an opportunity to consider the complaint and offer a remedy.

5. What are you complaining about? *Describe what has gone wrong and how you have suffered as a result. (Please continue on a separate sheet of paper if necessary.)*

PLEASE SEE ATTACHED 46 SEPARATE SHEETS - Dated 12 July 2009

6. What do you want the Ombudsman to do?

(1) GET THE DEPARTMENTS TO REIMBURSE ME THE £50,000 COSTS THEY FORCED ME TO INCUR AS A DIRECT RESULT OF THEIR OUTRAGEOUS CONDUCT (Detail of costs is contained in the reply to Section 5: pages 10, 11, 27, 37)

(2) OBTAIN VERY SUBSTANTIAL COMPENSATION FROM THE DEPARTMENTS FOR THE HORRENDOUS AND EXTREMELY TRAUMATIC TREATMENT THEY HAVE SUBJECTED ME TO - OVER A PERIOD OF FOUR WHOLE YEARS

(3) RECOMMEND / ENSURE THAT DISCIPLINARY ACTION IS TAKEN AGAINST THE RELEVANT INDIVIDUALS

(4) DEMAND THAT THE DEPARTMENTS SUBMIT - TO YOUR OFFICE - THE STEPS THEY ARE GOING TO TAKE TO PREVENT OTHERS FROM BEING SUBJECTED TO THE SAME TREATMENT (I know they are continuing to do the same thing to others i.e. leaseholders in other blocks)

7. Have you taken, or are you planning to take, legal action?

Yes - *This may affect our ability to consider your complaint - please call our Helpline*

No NOT AT THIS STAGE, BUT I RESERVE THE RIGHT TO KEEP THIS OPTION OPEN

8. Information to support your complaint

To help us consider your complaint, we need to see all the evidence you have about it - in particular letters to and from the organisation you are complaining about. We will copy this material and return the originals to you.

MY COMPLAINT IS SUPPORTED BY A BUNDLE OF 164 DOCUMENTS, SORTED IN CHRONOLOGICAL ORDER. THE TOTAL NUMBER OF PAGES IS 390

A 4-PAGE LIST OF DOCUMENTS, WITH THEIR PAGE NUMBER, IS INCLUDED AT THE FRONT OF THE BUNDLE

ALL THE DOCUMENTS ARE COPIES. THERE IS THEREFORE NO NEED TO COPY THEM.

I give my permission for the Ombudsman to obtain relevant papers about my case from the organisation(s) concerned.

Signature

Date

Please send this form to your MP