

## Review request form

Use this form to ask us to review our decision about your complaint. The grounds on which you can ask for a review of our decision are, however, limited. It is important that you read the information below before filling in this form.

### Asking for a review

You can only ask for a review if you consider that:

1. We made our decision based on important evidence that contained facts that were not accurate, and you can show this using readily available information.
2. You have **new and relevant information** that was not previously available and which affects the decision we made.

(when sending 'new and relevant information' to us, please tell us if the body you complained about has been given the opportunity to consider the information and if possible, please include the organisation's updated response to that.)

**We will not accept a request for a review just because you disagree with the outcome of your complaint.**

Write your contact details clearly in the box below:

Full name:

Address:

Daytime phone number:

Email address:

Care Inspectorate reference no.:

## Why do you want us to review your decision?

1. I think your decision was based on inaccurate information.

From the decision letter you received about your complaint, please provide clear details of all the points in the letter that you feel contain facts that were not accurate. Where possible please provide copies of information to support this.

## 2. I have new and relevant information

If you have **new and relevant information** that you believe affects the decision we made, you need to tell us about this. Please use the box below to explain why you feel this new information is relevant to the review request. You should attach copies of these documents to the form before sending it to us.

## What happens next?

We will write to confirm we have received your form and paperwork within 3 days. We aim to provide a full response within 20 working days. If we need more time to consider your request we will write to tell you this.

### Return form and supporting paperwork to:

Care Inspectorate, Hamilton Office, Princes Gate, Castle Street, Hamilton, ML3 6BU or  
email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

**Headquarters**  
Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY  
Tel: 01382 207100  
Fax: 01382 207289

**Website: [www.careinspectorate.com](http://www.careinspectorate.com)**

**Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)**

**Care Inspectorate Enquiries: 0845 600 9527**

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.