



## Customer Complaint Form

### Personal & Work Details:

Full Name:	
Department/Office:	
PPS or Payroll Number:	
Business Email Address:	
Contact Email Address <i>(if different from above):</i>	

### Complaint Details:

Relevant Section: <i>(Tick all appropriate)</i>	Leave Management or Worksharing Increment or Salary Employee Schemes Recoupment of Overpayment Absence Management (Sick Leave) Resignation or Retirement Self-Service System(s) Payslip, Overtime or Expenses Irish Language Service Mobility, ePMDS or eProbation Customer Contact Centre Other (specify)
Case ID <i>(if relevant):</i>	
Type of Complaint:	



Details of Complaint:

### Data Protection

The data requested in this form will be used to process your complaint and will be retained as part of your personnel record for the appropriate period of time. The NSSO will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies (e.g. your HR Division, Department of Social Protection) according to the law.