



ADMINISTRATIVE TRIBUNAL COMPLAINT FORM

First Name: _____	Address: _____
Last Name: _____	_____
Contact Phone No: (with area code) _____	City: _____ Province: _____
Alternate Phone No: (with area code) _____	Postal Code: _____
The Ombudsman Office hours of work are Monday to Friday, 9:00 a.m. to 4:30 p.m. (EST). Please indicate the best method and time to contact you: _____	

1. Tribunal Name:

2. Tribunal Decision or File Number:

3. Date(s) of decision:

4. Date of any reconsideration or appeal:

5. To help us better understand your complaint, please explain in as much detail as possible, why you are dissatisfied with the tribunal’s decision and/or the hearing process.

6. If the tribunal has a reconsideration or appeal process, and you have not requested reconsideration or an appeal, please explain why you have not done so.

Submit your complaint by

Mail: Ombudsman Ontario Bell Trinity Square 483 Bay St. 10th Floor, South Tower Toronto, ON M5G 2C9	Fax: 416-586-3485	TTY (teletypewriter): 1-866-411-4211
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If you have any questions please contact the Ombudsman’s Office by phone at **1-800-263-1830** or by email at **info@ombudsman.on.ca**.