



GENERAL COMPLAINT FORM

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| 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. What government organization or agency is your question or complaint about? (Please identify by name)

2. Who have you dealt with in this organization with respect to your complaint?

3. Please summarize the matter you are complaining about and include any relevant dates.

4. Summarize what steps you have taken to try and resolve your complaint including any grievance, appeals and/or requests for reconsideration you have submitted and what response you received.



5. If you have received a final decision on an appeal or request for review or reconsideration of your complaint, please indicate what the result was and why you feel this was unfair.

6. If you consider the matter urgent, please explain why.

Submit your complaint by

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| 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.