



**GENERAL COMPLAINT FORM**

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

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

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](mailto:info@ombudsman.on.ca).