



## Complaint Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_  Home  Work  Cell  Pager  
(include area code)

**Phone number:** \_\_\_\_\_  Home  Work  Cell  Pager  
(include area code)

**Alternate Phone number:** \_\_\_\_\_  Neighbour  Relative  Friend  Cell  Pager  
(include area code)

**Do you have a fax number:** \_\_\_\_\_  
(include area code)

**The Ombudsperson Office hours of work are Monday to Friday, 8:30am to 4:30pm.**

**What is the best time for us to call you?**

\_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_

1. Give us the name of the organization you are complaining about. *(Please be as exact as you can be.)*

\_\_\_\_\_

2. Give us the names of the people you have dealt with there. Give us any job titles, phone numbers or business addresses that you have for them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Tell us your complaint. Tell us what you have done to try to solve the problem yourself.  
*(Please give us any file or reference numbers and the dates these things happened.)*

\_\_\_\_\_

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\_\_\_\_\_

4. Did you file an appeal or apply for a review?  Yes  No  
If yes, when was the last appeal or review and what was the result?

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5. Why do you believe the organization's actions are unfair?

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6. What do you want to happen? Describe the result or outcome.

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7. If you consider the matter urgent, explain why.

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**Your signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

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**Send complaint form to:**

**PO Box 9039 Stn Prov Govt  
Victoria, B.C. V8W 9A5**

**Fax: (250) 387-0198 (Victoria)**