



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 Ombudsman 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.)

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?

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

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

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

Your signature: _____ Today's Date: _____

Send complaint form to:

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

Fax: (250) 387-0198 (Victoria)