

Ombudsman Complaint Form

Name: _____

Any Other Names Known By: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Fax Number: _____ E-Mail Address: _____

Contact Restrictions: _____

1. My complaint is about the following authority: (name of department, school, college, or hospital, etc.).

2. Summarize your complaint. Please provide sufficient detail to explain the problem, including any file or reference numbers and relevant dates.



3. Describe any steps you've taken to try and resolve your complaint with the authority (including names and titles and phone numbers of any person you have been in contact with about your complaint.)

4. Provide the details of any appeal or review that may have been held and the outcome.

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

6. Describe the result or outcome that you seek.

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

Signature: _____ Date: _____