

Ombudsman Complaint Form

Name:		
Any Other Names Known By:		
Address		
Home Phone:	Alternate Phone:	
Fax Number:	Email Address:	

1. My complaint is about the following authority: (name of department, school, college, 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 number 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.
Sig	nature: Date:

The personal information collected on this form will be used and disclosed by the Office of the Ombudsman for the purpose of conducting an investigation into your complaint and may be used for evaluating the performance of the Ombudsman. The Ombudsman is authorized to collect this personal information under section 16 of the *Ombudsman Act*. For information about this collection, please contact the Intake Officer with the Office of the Ombudsman at Suite 201 - 211 Hawkins Street Whitehorse Yukon Y1A 1X3, or 867-667-8468, toll free 1-800-661-0408 ext 8468.