



ONTARIO'S WATCHDOG
CHIEN DE GARDE DE L'ONTARIO

ADMINISTRATIVE TRIBUNAL COMPLAINT FORM

First Name: _____	Address: _____
Last Name: _____	City: _____
Contact Phone No: (include area code) _____	Province: _____ Postal Code: _____
Alternate Phone No: (include area code) _____	Email: _____
Please indicate the best method and time to contact you for information: _____	

1. Please provide the tribunal name, the decision or file number, date(s) of decision, and date of any reconsideration or appeal:

2. To help us better understand your complaint, please explain in as much detail as possible, why you are dissatisfied with the tribunal's decision and/or the hearing process:

3. If the tribunal has a reconsideration or appeal process, and you have not requested reconsideration or an appeal, please explain why you have not done so:

Submit your complaint by

Mail: Ombudsman Ontario **Fax:** 416-586-3485 **TTY (teletypewriter):** 1-866-411-4211
Bell Trinity Square
483 Bay St.
10th Floor, South Tower
Toronto, ON M5G 2C9

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.

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