

Ombudsman Act **COMPLAINT FORM**



**MANITOBA
OMBUDSMAN**

This complaint form is to help you provide information about your administrative complaint to the Manitoba Ombudsman. Your responses will assist in reviewing the matter under the Ombudsman Act. Send the completed form to the Manitoba Ombudsman or you may write a letter or email with details about your complaint.

YOUR INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____

_____ Postal Code: _____

Daytime Telephone Number: _____ Other Number: _____

May a message be left at your daytime telephone number? Yes No

Are you representing someone else in this complaint? Yes No

If yes, provide the contact information of the person you are representing.

Last Name: _____ First Name: _____

Mailing Address: _____

_____ Postal Code: _____

Please complete the form on the back of this page. Send the completed form to:

Manitoba Ombudsman

300-5 Donald Street

Winnipeg, Manitoba R3L 2T4

Fax: (204) 942-7803

Email: ombudsman@ombudsman.mb.ca

Phone: (204) 982-9130 Toll free: 1-800-665-0531

Fax: (204) 942-7803

Website: www.ombudsman.mb.ca

