

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: _____

Email: _____

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

If you need more space for your responses, please attach a letter explaining your complaint.

1. What is your complaint?
2. Why do you believe you have been treated unfairly?
3. Who is your complaint about and when did it happen? (Specify the provincial department, agency or municipality the complaint is about.)
4. Whom have you dealt with about this problem? (List names, phone numbers, addresses and when you last had contact with them.) Explain the steps you have taken to solve this problem.
5. Did you file an appeal or ask for a review? If yes, when was the last appeal or review and what was the result?
6. Have you received anything in writing? (If you can, please attach copies.)
7. How can this problem be solved?
8. Is this matter urgent? Please explain why.

Your Signature:

Date: