

## OMBUDSMAN COMPLAINT FORM

This complaint form is to help you in providing 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.

Manitoba Ombudsman  
750 – 500 Portage Avenue  
Winnipeg, Manitoba R3C 3X1

Phone: (204) 982-9130 Toll free: 1-800-665-0531  
Fax: (204) 942-7803  
Web site: [www.ombudsman.mb.ca](http://www.ombudsman.mb.ca)

### 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  
750 – 500 Portage Avenue  
Winnipeg, Manitoba R3C 3X1

Fax: (204) 942-7803

## **OMBUDSMAN COMPLAINT FORM**

(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:**