

OMBUDSMAN ACT 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
Website: 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:

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Winnipeg, Manitoba R3C 3X1

Fax: (204) 942-7803
Email: ombudsman@ombudsman.mb.ca

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(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: