

*\* Red boxes are mandatory fields*

## YOUR NAME

First Name

Last name

## YOUR ADDRESS

Address

City

Province

Postal Code

## PREFERRED TELEPHONE CONTACT NUMBER

Phone Number

What kind of number is this?

Home     Work     Cell

## SECONDARY TELEPHONE CONTACT NUMBER

Phone Number

What kind of number is this?

Home     Work     Cell

Fax Number

Are you representing someone else in this complaint?

Yes     No

## CONTACT CONSIDERATIONS

*\*The Alberta Ombudsman's office hours are Monday - Friday, 8:15 am - 12 noon and 1:00 pm to 4:30 pm.*

Best time to contact you?

Special contact instructions:

## COMPLAINT DETAILS

1. Which department, agency or organization is your question or complaint about? Please specify by name.

2. Who have you dealt with at the authority? Please list any names, phone numbers, addresses if possible. If none, please write "none".

3(a). Please summarize your request for information, or your complaint. List any steps you have taken to try to resolve it and relevant dates.

(b) Please indicate any file or reference numbers, claim numbers or account numbers. If none, please write "none"

4. Did you file an appeal or apply for a review? If yes, when was the last appeal or review and what was the result? If no, please state "no".

*You may attach a copy of the results of the review/appeal to help us understand your complaint.*

5. Why do you believe the actions taken against you were unfair?

*You may attach any other information that would help us understand your complaint*

6. Describe the outcome or result that you seek.

7. If you consider the matter urgent, explain why.

Signature

Date