

Complaint Form

First Name:	rst Name: Last Name:					
Address:						
City:	Province:	Postal	Postal Code:			
Contact Number: ()	☐ Home	□ Work	□ Cell	□ Pager		
Secondary Contact Number: ()		□ Work	□ Cell	□ Pager		
Fax Number: ()						
Their First Name:						
City:		Postal	Code:			
Phone Number: ()						
Contact Considerations						
The Alberta Ombudsman Office 1:00 pm - 4:30 pm.	ce hours are Monday - Fr	iday, 8:15 am -	· 12:00 pm aı	nd		
What is the best time to contac	et you?					

Complaint Details

Who	have you dealt with at the authority? Please list any names, phone numbers, address ible.
(a)	Summarize your request for information, or your complaint. List any steps you have to try to resolve it and relevant dates.
(b)	Please indicate any file or reference numbers, claim numbers or account numbers.
Did wha	you file an appeal or apply for a review? If yes, when was the last appeal or review
Did wha	you file an appeal or apply for a review? If yes, when was the last appeal or review t was the result?
Did wha	you file an appeal or apply for a review? If yes, when was the last appeal or review t was the result? ease include a copy of any appeal decision about this issue you have received.)
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Signature:	Date:	

Once your complaint form is received, you will be contacted by telephone or letter. The Alberta Ombudsman will not reply by email.

Please forward your complaint form by fax or mail:

Alberta Ombudsman 10303 Jasper Avenue NW Suite 2800 Edmonton AB T5J 5C3

Fax: (780) 427-2759

Telephone: (780) 427-2756

Before you fill out the complaint form, we strongly encourage you to read the information provided on our website regarding what the Alberta Ombudsman can investigate at www.ombudsman.ab.ca.