# **Service-Related Complaint**

Section 1 – Identification				Internal use only
First name and initial		Last name		
Mailing address (Apt No – Street N	lo Stroot name DC	) Boy DD)		
Mailing address (Apt No – Street N	io Street Harrie, FC	, вох, пп)		
City				
Province or territory (or country, if outside Canada)  Postal/Zip code				
Daytime telephone number Alternate telepho		one number	Best time to contact you	
Social insurance number/ Business Number				
Section 2 – Service-relate  For complaints about reprisal, g  For feedback about our commit	go to Section 3 belo		4 on page 2.	
				natter. Include the name(s) of the CRA . (If you need more space, attach a separate
,		e Guide RC17, <i>Ta</i>	xpayer Bill of Rights Guide: Undo	erstanding your rights as a taxpayer, and refer
2. Describe the outcome you wan	t. (If you need more	e space, attach a s	eparate sheet.)	
			·	a formal review without fear of reprisal."
receive the benefits, credits, and rebeen subject to reprisal, your compinformation, go to Right 16 in Guid	efunds you are enti plaint will be directly e RC17, <i>Taxpayer</i>	tled to, and pay no y referred for inves Bill of Rights Guide	more and no less than what is r tigation to a separate office loca e: Understanding your rights as a	
Do you believe you have been subsheet.)	ject to reprisal? If y	es, give full details	below of what happened to you	ı. (If you need more space, attach a separate



Section 4 – Feedback about our commitment to small business						
To make sure the interactions of small business with us are as effective and to small business. For more information about our commitments to small bu your rights as a taxpayer.						
The CRA is committed to administering the tax system in a way that m	inimizes the costs of co	mpliance for small bu	usinesses.			
The CRA is committed to working with all governments to streamline so	ervice, minimize cost, a	nd reduce the compli	ance burden.			
The CRA is committed to providing service offerings that meet the nee	ds of small businesses.					
The CRA is committed to conducting outreach activities that help small	businesses comply wit	h the legislation we a	dminister.			
The CRA is committed to explaining how we conduct our business with	small businesses.					
Do you believe the CRA is meeting its commitment to small business? If <b>no</b> meeting. (If you need more space, attach a separate sheet.)	t, tell us why and indica	te which commitmen	ts(s) you believe we are not			
			_			
Section 5 – Certification						
I certify that the information given on this form and in all documents attached	d is correct and complet	e.				
Sign here Date						
Section 6 – Authorizing a representative						
To ask for authorization, please attach a Form T1013, Authorizing or Cance Business Consent Form, for business accounts, or ask the taxpayer to authomy Business Account at www.cra.gc.ca/mybusinessaccount.						
Name of representative	Title					
Contact address (Apt No – Street No Street name, PO Box, RR)		City				
Province or territory (or country, if outside Canada)	1	Postal/Zip code				
Signature of representative	Telephone number		Year Month Day			

## Privacy Act, Personal Information Bank number CRA PPU 174

# **Filing Instructions**

## Where do I send this form?

To avoid delays in the processing of your complaint, send this completed form, together with supporting documentation and any authorization forms, separately from other tax forms. Fax your form and documents to 1-866-388-7371 from Canada or the United States or 1-819-536-0701 from outside Canada and the United States, or mail them to:

CRA – Service Complaints National Intake Centre PO Box 8000 Shawinigan-Sud QC G9N 0A6 CANADA

#### **Supporting documentation**

Include all relevant documentation that you feel may be helpful in reviewing your complaint or feedback.

#### For more information

If you need more information, see Booklet RC4420, *Information on CRA – Service Complaints*, or go to **www.cra.gc.ca/complaints**.