



Do not write in this area.

Taxpayers' Ombudsman – Complaint Form

Protected B when completed

Section 1 – Identification

Title (please tick one) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last name		First name	
Name of corporation or organization (if applicable)					
Mailing address: Apt. no. – Street no. and name					
P.O. Box	R.R.	City	Prov./Terr./State		Postal/ZIP Code
Country		Telephone number		Fax number	
Our Office hours are Monday to Friday (except holidays) from 8:15 a.m. to 4:30 p.m. (Eastern time). Please indicate your preferred method of contact during those hours: <input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> fax					
If you have any contact requirements or restrictions, please list them below:					

Section 2 – Information about your complaint (If you need more space, attach a separate sheet of paper.)

1. Please describe your complaint and submit all relevant documentation (e.g. correspondence sent to or received from the Canada Revenue Agency).

Section 3 – Actions taken to resolve your complaint (If you need more space, attach a separate sheet of paper.)

1. Have you contacted Canada Revenue Agency (CRA) – Service Complaints? (please tick one) Yes, I have No, I have not

2. What actions have you taken to resolve your complaint? Include the actions taken by the CRA staff and provide the name, title, telephone number and office location of whom you have dealt with regarding this situation.

Section 4 – Consent to disclose information

I understand that, in reviewing my complaint, the Office of the Taxpayers' Ombudsman (OTO) may need to share the information provided on, or attached to, this complaint form with the Canada Revenue Agency (CRA), and I consent to such disclosure. I further understand that the CRA may also need to share information with the OTO for the purpose of reviewing my complaint, and I consent to such disclosure as well.

Signature of complainant (or, if a corporation or organization, signature of authorized representative)

Year/Month/Day

Section 5 – Third party authorization

If you are designating a representative to file this complaint on your behalf, provide the following information and authorization:

Name and title of representative

Telephone number

Mailing address of representative

As the taxpayer identified in Section 1 of this form, I hereby authorize this representative to act on my behalf in dealing with the Office of the Taxpayers' Ombudsman for the purpose of this complaint.

Signature of complainant

Signature of representative

Year/Month/Day

Section 6 – Submitting this form

You can fax the completed form to **1-866-586-3855** or mail it to:

Office of the Taxpayers' Ombudsman
50 O'Connor Street, Suite 724
Ottawa ON K1P 6L2

Information about your complaint is stored at the above-mentioned address.

Section 7 – Survey (optional)

How did you learn about the Office of the Taxpayers' Ombudsman (OTO)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Through the media (e.g. newspaper, radio, television) | <input type="checkbox"/> Through the Canada Revenue Agency | <input type="checkbox"/> Another government Web site |
| <input type="checkbox"/> From a tax professional | <input type="checkbox"/> A presentation by the Ombudsman | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> At a community centre | <input type="checkbox"/> The Web site of the OTO | _____ |

Privacy Notice

The personal information you provide to us on this form will be used by the Office of the Taxpayers' Ombudsman to review the complaint you have made to the Taxpayers' Ombudsman and may be shared with the Canada Revenue Agency for this purpose. You have the right to the protection of, correction of, and access to your personal information under the *Privacy Act*.