Complaint Form Nova Scotia Office of the Ombudsman

The Nova Scotia Ombudsman's Office investigates complaints against Nova Scotia provincial and municipal government departments and agencies. The Office does not investigate complaints arising from decisions of the Cabinet, the law courts or judges, the federal government, private agencies, or individuals. This service is provided at no charge.

Id	lentification (please Print)
Yo	ur name (first, middle and last):
Str	reet Address:
Mo	ailing Address: (same □) or:
	one Number (home): (work):
-	one Number (home): (work):
Co	omplaint Details: If you need more space to explain your complaint, attach pages to form.
1	What is your complaint? (additional space is available on the back of this form)
_	
2	When did the situation arise?
3	Which provincial or municipal department, agency, commission, board or public servant is the complaint against?
_	What is their address?
-	vvnar is meir address?
_	
5	Who have you contacted about this complaint?
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6	What was their response?
_	
7	What steps have you taken to resolve this issue? What was the outcome? (appeals, grievances)
_	Trial steps have you taken to reserve into issue: Trial was the obligation (appeals, gillerances)
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8 Please attach any photocopies or papers relating to this compliant (letters from departments, receipts, sur	eys, etc.).	
(papers included) □ yes □ no		
■ Would you like your papers returned? ■ yes ■ no		
If you have questions about completing this form, please contact the Office by phoning 424-6780 in the Halife	x area or	
If you have questions about completing this form, please contact the Office by phoning 424-6780 in the Halife toll-free elsewhere in Nova Scotia 1-800-670-1111.		
I verify that this information is correct to the best of my knowledge.		
Date Signature		