



Ombudsman Complaint Form

Your contact information	
First name	Mailing address
Last name	
Phone number	
Is it okay to leave a message?	
Email address	
Your complaint	
What authority is your complaint against? <i>(name of the department, school, hospital, etc.)</i>	
Why do you believe the authority's actions are unfair?	

Describe any steps you have taken to try and resolve your complaint with the authority. *Include names, titles, and phone numbers of any person you have been in contact with about your complaint.*

Provide the details on any appeal or review that may have been held and the outcome.

Describe the outcome that you seek.

Your signature

Signature <i>(typing your name confirms your acceptance)</i>	Date
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The personal information collected on this form will be used and disclosed by the office of the Ombudsman for the purpose of conducting an investigation into your complaint and may be used for evaluating the performance of the Ombudsman. The Ombudsman is authorized to collect this information under subsection 13(2) of the Ombudsman Act. For information about this collection, please contact the intake officer with the office of the Ombudsman at 3162 Third Avenue, Whitehorse Yukon Y1A 1G3, or 867-667-8468, or toll free 1-800-661-0408 ext. 8468.

Return this completed form:

Electronically: Submit securely via the Secure File Link sent to you when requesting this form. If you did not receive a link or downloaded this form directly from our website, please contact our office via phone or email. Please do not include any sensitive information by regular email as it is not a secure form of communication.

In-person: Please print and sign the completed form and mail it to us or drop it off at our office during office hours (M-F, 8:30am to 4:30pm).

Yukon Ombudsman
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Tel: 867-667-8468 - toll free 1-800-661-0408 ext. 8468
Email: intake@yukonombudsman.ca
YukonOmbudsman.ca