

MAKE A COMPLAINT

* Indicates a required field

***Please indicate which of the following your complaint is about:**

- Provincial Government
- Municipality
- School board
- University
- Other

***What organization is your complaint about? (Please identify by name):**

***First Name:**

***Last Name:**

***Address:**

***City:**

***Province:**

***Postal Code:**

***Please indicate the best method to contact you:**

- Phone
- Email

Phone Number:

Phone Type:

- Home
- Work
- Cell

MAKE A COMPLAINT

Email:

Please indicate the best time to contact you:

- Morning
- Afternoon

***Please provide a short summary of your complaint:**

Important contact information for your submission:

Phone: 1-800-263-1830

Outside Ontario: 416-586-3300

Fax: 416-586-3485

TTY (Teletypewriter): 1-866-411-4211

E-mail: info@ombudsman.on.ca

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