



Complaint Form

If there are unresolved service issues after the Canada Revenue Agency's (CRA) Service Feedback Program has finished its review and the complainant is not satisfied with how the CRA addressed the service issues, use this form to submit a complaint to our Office. If a complaint is submitted to our Office before the CRA's Service Feedback Program, we may send it to the CRA. For more information on the CRA's Service Feedback Program, go to canada.ca/cra-service-feedback.

We may not be able to process the complaint if the information in sections 1, 3, and 4 are not complete.

Section 1 – Complainant identification

First name	Last name	Business, organization, estate, or trust name (if applicable)		
Mailing address (unit number, street number and name, PO Box)		City		
		Province or territory	Postal code	Country (if outside Canada)
Telephone number		Alternate telephone number		
Preferred time of call:		By providing an email address, the complainant is registering for email notifications. Some correspondence may be sent by mail. The complainant agrees to the terms of use found at canada.ca/oto-terms . Email address:		
Our hours of service are Monday to Friday (excluding public holidays) from 8:15 a.m. to 4:30 p.m. ET.		Accessibility If the complainant is facing accessibility barriers, please let us know how we can accommodate.		

Section 2 – Representative identification and authorization

To be completed to authorize a representative.

First name	Last name	Business, organization, estate, or trust name (if applicable)		
Mailing address (unit number, street number and name, PO Box)		City		
		Province or territory	Postal code	Country (if outside Canada)
Telephone number		Alternate telephone number		
Preferred time of call:		By providing an email address, the representative is registering for email notifications. Some correspondence may be sent by mail. The representative agrees to the terms of use found at canada.ca/oto-terms . Email address:		
Our hours of service are Monday to Friday (excluding public holidays) from 8:15 a.m. to 4:30 p.m. ET.		Accessibility If the representative is facing accessibility barriers, please let us know how we can accommodate.		

As the complainant identified in Section 1, I authorize the representative in Section 2 to act on my behalf and I give consent to the Office of the Taxpayers' Ombudsperson (OTO) to disclose information related to my complaint with the representative.

The authorization will remain until the complainant, or someone with signing authority, changes or cancels it.

First name	Last name	_____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">Year</td> <td colspan="3">Month</td> <td colspan="4">Day</td> </tr> </table>											Year			Month			Day			
Year			Month			Day																	
		Signature of complainant																					

