Taxpayers' Ombudsman – Complaint Form

Section 1 – Identification
All fields are mandatory unless otherwise indicated

<table>
<thead>
<tr>
<th>Title (optional)</th>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Ms.</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Name of corporation or organization (optional)

Mailing address: Apt. no. – Street no. and name

P.O. Box / R.R. | City | Prov./Terr./State (and/or country, if outside Canada) | Postal/ZIP Code
|---------------|------|-----------------------------------------------|-----------------|

Telephone number | Best time to contact you? | Fax or alternate telephone number. Please indicate which number you provide. (optional)

Email address (optional). No information will be sent or received by email. Please note email will only be used by the Office of the Taxpayers' Ombudsman in exceptional circumstances, if identification is required, or for a satisfaction survey. Do you consent to the Office of the Taxpayers' Ombudsman contacting you by email for a short survey on your satisfaction with our service?

☐ Yes ☐ No

Our office hours are Monday to Friday (except holidays) from 8:15 a.m. to 4:30 p.m. (EST). We may contact you by mail and/or telephone. Do you have any contact requirements or restrictions? Please state 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).

* Please note we do not require your social insurance number to review your file.

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

1. Have you contacted the Canada Revenue Agency (CRA) – Service Complaints regarding your complaint? (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 the name of the tax services office or tax centre with whom you have dealt regarding this situation.

Canada
**Section 4 – Consent to disclose information**

I understand that, in reviewing my complaint, the Office of the Taxpayers' Ombudsman (OTO) may need to share my information with the CRA. This includes my complaint form, any supporting documentation, and any additional information provided to the OTO, and I consent to such disclosure. I give consent to the OTO to refer my complaint and the aforesaid information and documentation to the CRA Service Complaints program for a first level review if my complaint has not already been addressed through the CRA Service Complaints program. I further understand the CRA may also need to share information with the OTO for the purpose of the OTO reviewing my complaint, and I consent to such disclosure.

<table>
<thead>
<tr>
<th>Signature of complainant (or, if a corporation or organization, signature of authorized representative)</th>
<th>Year/Month/Day</th>
</tr>
</thead>
</table>

**Section 5 – Third party authorization**

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

<table>
<thead>
<tr>
<th>Name and title of representative</th>
<th>Mailing address of representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Fax or alternate telephone number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

* No information will be sent or received by email. Please note email will only be used by the Office of the Taxpayers' Ombudsman in exceptional circumstances, if identification is required, or for a satisfaction survey. Do you consent to the Office of the Taxpayers' Ombudsman contacting your representative by email for a short survey on their satisfaction with our service?  

- [ ] Yes  
- [ ] No

2. 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.

<table>
<thead>
<tr>
<th>Signature of complainant</th>
<th>Signature of representative</th>
<th>Year/Month/Day</th>
</tr>
</thead>
</table>

3. Who should we contact to discuss your complaint?  

- [ ] Taxpayer  
- [ ] Representative  

* If you wish our Office to contact your representative, you can still contact our Office if you have an enquiry.

4. Where do you want us to send correspondence about your complaint?  

- [ ] Taxpayer  
- [ ] Representative  
- [ ] Both

**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  
171 Slater Street, Suite 1000  
Ottawa ON K1P 5H7  
Canada

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)?  

- [ ] Through the media (e.g. newspaper, radio, television)  
- [ ] Through the Canada Revenue Agency  
- [ ] Another government Web site  
- [ ] From a tax professional  
- [ ] Outreach event by the OTO  
- [ ] Internet search  
- [ ] At a community organization  
- [ ] Other:  ________________

**Privacy Notice**

Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to the Taxpayers’ Ombudsman’s Personal Information Bank CRA PPU 222 on Info Source at canada.ca/cra-info-source.