



Taxpayers' Ombudsman – Complaint Form

Section 1 – Identification

All fields are mandatory unless otherwise indicated

Title (optional) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____		First name	Last name	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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.

Signature of complainant (or, if a corporation or organization, signature of authorized representative)

Year/Month/Day

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:

Name and title of representative

Mailing address of representative

Telephone number

Fax or alternate telephone number

Email Address

* 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.

Signature of complainant

Signature of representative

Year/Month/Day

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.