



Yukon
Ombudsman

Ombudsman Complaint Form

YOUR INFORMATION	
First Name	Last Name
Address	Phone Number
	Email Address
YOUR COMPLAINT	
What Authority is your Complaint against? (Name of the Department, School, Hospital, etc.)	
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, including 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 completed, if applicable, and the outcome.

Describe the outcome that you seek.

YOUR SIGNATURE	
Signature (typing your name confirms your acceptance.)	Date

Please submit this completed via the Secure File Link sent to you when requesting this form. If you did not receive, please contact our office via phone or email. Do not include any sensitive information by email as it is not a secure form of communication.

If you have any questions, please contact our office.

Tel: 867-667-8468

Email: intake@ombudsman.yk.ca

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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 performance of the Ombudsman. The Ombudsman is authorized to collect this information under subsection 13(2) if the *Ombudsman Act*. For information about this collection, please contact the intake officer with the Office of the Ombudsman at 3162 Third Avenue, Main Floor, Whitehorse Yukon Y1A 1G3, or 867-667-8468, toll free 1-800-661-0408 Ext 8468.