



Complaint to the Ombudsman

As a fundamental value and as provided by law, the **Ombudsman de Montréal** files and the information therein are confidential. Nonetheless, our handling of a complaint may require that we obtain or communicate some of your personal or confidential information. Our By-law also provides that, following an inquiry, a copy of our closing letter to the plaintiff must be forwarded to the relevant Director and to the City's General Manager; when possible, the complainant's personal information and data are omitted therein.

Be advised that by submitting a complaint to our office, **you authorize the Ombudsman de Montréal** team to obtain and use any relevant personal or confidential information and to communicate any such information which we feel is relevant for the handling of your complaint.

1. Complainant's address and other information (Mandatory)			
Family Name			
First Name			
Address			
City	Province		Postal Code
Phone :	Other	Fax :	E-Mail :
Home			
N.B. : If your complaint concerns other persons, it is important that you also submit these persons' names, phone numbers, and addresses.			
2. Nature of the problem			
3. Borough or Department concerned			

4. File number(s) in the Borough or Department concerned (if applicable)
5. For what reason(s) do you believe you were not properly treated or your rights were denied.
6. Please detail all steps taken in order to resolve this problem.
7. List the name of all city representatives with whom you have dealt with regard to this situation (provide titles, phone numbers, and work addresses, if you know them). Also confirm if you contacted the Mayor's office or your municipal councillor.
8. Provide a copy and list below all relevant correspondence and documents.

9. What solution or remedy are you seeking with your present complaint to the OMBUDSMAN DE MONTRÉAL.

Date:

Signature :

Confidential information requested for STATISTICAL PURPOSES only (not mandatory) :

Age Group: less than 18 18-25 26-40 41-50 51-64 65 or more

Are you a member of one of the following groups?

	YES	NO		YES	NO
Woman	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Native *	<input type="checkbox"/>	<input type="checkbox"/>

From which **ethnic origin** ** are you? Canadian Other
If other, which one? _____

Are you a member of a **visible minority** ***? Yes No
If so, which one? _____

How did you find out about the **OMBUDSMAN de MONTRÉAL**?

* **Canadian Natives:** relates to persons of Amerindian, Inuit or Métis origin from Canada only.
** **Ethnic origin:** relates to persons, other than Canadian Natives, whose country of origin or whose parents' country of origin is not Canada. For example, persons descending or originally from Argentina, Greece, Italy, China, Korea, Turkey, Lebanon, etc.
*** **Visible minority:** relates to persons, other than Canadian Natives, who are not of white race or colour. For example, coloured persons, persons from Asiatic origin, Arabic origin, etc.

You may submit your complaint by mail, by fax, by e-mail or handle it over personally to our office. Do not forget to provide a copy of all relevant documents.

OMBUDSMAN de MONTRÉAL
Cours Mont-Royal, 1550, rue Metcalfe, bureau 1150
Montréal (Québec) H3A 1X6
Phone : 514 872-8999 - Fax : 514 872-2379
ombudsman@ville.montreal.qc.ca