

**Complaint to the Ombudsman**

Personal and private information collected by the **Ombudsman de Montréal** will remain confidential, except as required in the course of its interventions and inquiries.

**By submitting** your complaint to our office, **you authorize the Ombudsman de Montréal team** to obtain, communicate and use any information related to you or to your file, including personal and confidential information.

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| **1. Complainant’s address and other information (Mandatory)** | | | | |
| **Family Name** | Cliquez ici pour taper du texte. | | | |
| **First Name** | Cliquez ici pour taper du texte. | | | |
| **Address** | Cliquez ici pour taper du texte. | | | |
| **City :** Cliquez ici pour taper du texte. | | **Province :** Cliquez ici pour taper du texte. | | **Postal Code :** Cliquez ici pour taper du texte. |
| **Phone** | | | | **E-Mail** |
| **Home** | **Cellphone** | | **Other** |
| Cliquez ici pour taper du texte. | Cliquez ici pour taper du texte. | | Cliquez ici pour taper du texte. | Cliquez ici pour taper du texte. |
| **N.B. : If your complaint concerns other persons, it is important that you also submit these persons’ names, phone numbers, and addresses.** | | | | |
| Cliquez ici pour taper du texte. | | | | |
| **2. Nature of the problem** | | | | |
| Cliquez ici pour taper du texte. | | | | |
| **3. Borough or Department concerned** | | | | |
| Cliquez ici pour taper du texte. | | | | |
| **4. File number(s) in the Borough or Department concerned (if applicable)** | | | | | |
| Cliquez ici pour taper du texte. | | | | | |
| **5. For what reason(s) do you believe you were not properly treated or your rights were denied.** | | | | | |
| Cliquez ici pour taper du texte. | | | | | |
| **6. Please detail all steps taken in order to resolve this problem.** | | | | | |
| Cliquez ici pour taper du texte. | | | | | |
| **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.** | | | | | |
| Cliquez ici pour taper du texte. | | | | | |
| **8. Provide a copy and list below all relevant correspondence and documents.** | | | | | |
| Cliquez ici pour taper du texte. | | | | | |

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| **9. What solution or remedy are you seeking with your present complaint to the Ombudsman de Montréal.** |
| Cliquez ici pour taper du texte. |
| **Date:**Cliquez ici pour taper du texte. |
| **Signature**:Cliquez ici pour taper du texte. |
| **Confidential information requested for statistical purposes only (not mandatory) :**  Age Group   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Less than 18 ans** |  | **18-25** |  | **26-40** |  | | **41-50** |  | **51-64** |  | **65 or more** |  |   Are you a member of one of the following groups?   |  |  |  | | --- | --- | --- | |  | **YES** | **NO** | | ***Woman*** |  |  | | ***Canadian Native*\*** |  |  |   From which ***ethnic origin* \*\*** are you? Canadian  Other  If other, which one?Cliquez ici pour taper du texte.  Are you a member of a ***visible minority* \*\*\***?Yes  No  If so, which one?Cliquez ici pour taper du texte.    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 topersons, 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**  Les 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**](mailto:ombudsman@ville.montréal.qc.ca) |