



# Taxpayers' Ombudsman – Complaint Form

## Section 1 – Identification

Name (first and last if you are an individual)		Mailing address: Apt. no. – Street no. and name		
P.O. Box	R.R.	City	Prov./Terr./State	Postal/Zip code
Country	Telephone number ( )		Alternate telephone number ( )	
Our hours of service are Monday to Friday (except holidays) from 8:15 a.m. to 4:30 p.m. (Eastern Time). Please tell us the best time during those hours to contact you, as well as any contact restrictions:				

Please check if appropriate:

Do not send mail or faxes

Do not call me

Do not leave a message on my voice mailbox

## 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.

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2. What actions have you taken to resolve your complaint? Include the actions taken by the Canada Revenue Agency (CRA) staff and provide the name, title, telephone number and office location of whom you have dealt with regarding this situation.

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## Section 3 – Consent to disclose information

I understand that, in reviewing my complaint, the office of the Taxpayers' Ombudsman may need to share the information provided on, or attached to, this complaint form with the Canada Revenue Agency (CRA), and I consent to such disclosure. I further understand that the CRA may also need to share information with the office of the Taxpayers' Ombudsman for the purpose of reviewing my complaint, and I consent to such disclosure as well.

\_\_\_\_\_

Signature of complainant Day/Month/Year

## Section 4 – Third party authorization

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

\_\_\_\_\_

Name and title of representative Phone number Mailing address of representative

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 Day/Month/Year

## Section 5 – Submitting Instructions

You can fax the completed form to **1-866-586-3855** or mail it to:

Taxpayers' Ombudsman  
50 O'Connor Street, Suite 724  
Ottawa ON K1P 6L2

Information about your complaint is stored at the above-mentioned address.

## Section 6 – Survey (optional)

Please let us know if you are in any of the following categories:

<input type="checkbox"/> Aboriginal person	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Student
<input type="checkbox"/> Benefit recipient	<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Tax professional
<input type="checkbox"/> Charitable organization	<input type="checkbox"/> Senior	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newcomer to Canada	<input type="checkbox"/> Small business	_____