

## ADMINISTRATIVE FAIRNESS COMPLAINT FORM

*Ombud Act*

### Instructions

Individuals who have had difficulty dealing with or feel they have been treated unfairly by a public authority in New Brunswick can make a complaint to the Ombud.

Generally speaking, complaints should be submitted to our office no more than one year after the situation or event occurred, and the complainant must be personally involved in the subject-matter of the complaint.

Should you wish to receive more information or if you have questions relating to this form, please contact our office at (506) 453-2789 or 1-888-465-1100 (toll free).

Please send your completed form and any supporting documentation to our office:

- by email: [ombud@ombudnb.ca](mailto:ombud@ombudnb.ca)
- by fax: (506) 453-5599
- by regular mail: OMBUD NB, P.O. Box 6000, Fredericton, NB E3B 5H1

## CONTACT INFORMATION

All complaints to the Ombud are confidential. We require your contact information so that we can get in touch with you and for statistical purposes.

Last Name:	First Name:
Address:	
Telephone Number:	Alternate Number:
Email:	
Language Preference: <input type="radio"/> English <input type="radio"/> Français <input type="radio"/> Other – please specify:	
Gender: <i>Please note: You are not required to fill out this section. We only collect information on gender for statistical purposes.</i> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender – please specify:	
How would you like us to refer to you in correspondence? <input type="radio"/> he/him/his <input type="radio"/> she/her/hers <input type="radio"/> other pronouns – please specify:	
How best to reach you: <i>Our office hours are Monday to Friday from 8:30 a.m. to 4:30 p.m. Please indicate the best method and time to contact you for information.</i> Time <input type="radio"/> Morning <input type="radio"/> Afternoon  Method <input type="radio"/> Phone <input type="radio"/> Alternate Phone <input type="radio"/> Email	
<i>If you are making this complaint on behalf of another individual, <b>please attach a signed and dated authorization form</b></i>	

## COMPLAINT DETAILS

<b>Information on the organization involved in your complaint</b> Name of public authority involved in your complaint: <i>(For example: Department, agency, Crown corporation, local government, health authority, school district etc.)</i>
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Name of the individual(s) you have been dealing with:
<b>Information on your complaint</b> <i>Attach additional pages as required</i>
Date of the event(s) leading to your complaint:
Please explain the matter for which you want to submit a complaint:
Summarize any steps you have taken to try to resolve your complaint, including any grievance, appeals and/or requests for reconsideration you submitted, and what response you received:
If you received a final decision on an appeal or request for review or reconsideration of your complaint, please indicate what the result was and why you feel this was unfair:
What resolution are you seeking?

I certify that the information given on this form, to the best of my knowledge, is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date