



Complaint Form

We want to make it easy for you to make a complaint with the Northwest Territories Ombud.

Once you have filled in this form, please submit by the following:

Mail to:	Drop off to:	Fax to:	Email to:
P.O. Box 4297, Hay River, NT X1A 1G2	#5-6 Courtoreille Street, Hay River	1-867-874-6250	info@nwtombud.ca

Questions? Need help filling out this form? Would you like the information in another language or format? Need other accommodations?

Call us at 1-867-874-6623 or toll-free 1-844-686-6283 OR email us at info@nwtombud.ca

Please attach copies of any letters, emails, or other documents related to your complaint that might be helpful.

Your contact information

This is our only record of your address and phone number. If any of your contact information changes, it is your responsibility to let us know. We may close your file if we cannot contact you.

First Name	Last Name	Middle Name or Initial
Phone Number	Email	
Mailing Address	Community	Postal Code

Your complaint

We can investigate the decisions and actions of Government of the Northwest Territories departments and some of its agencies. If you are not sure if we can investigate the organization you have a concern with, just ask us.

We usually ask that you try to resolve the matter with the organization yourself before we will consider your complaint.

If you need more space, please attached extra pages.

What organization are you complaining about?

Your complaint *continued*

Have you made a complaint about the same matter to another organization? ☐ Yes ☐ No

If yes, which one(s)? Please describe and attached any relevant documents.

- ☐ Human Rights Commission
- ☐ Information and Privacy Commissioner
- ☐ Languages Commissioner
- ☐ Union
- ☐ Appeal or review panel
- ☐ Court
- ☐ Other: _____

What happened? Where? When?

Why do you think this is unfair or wrong?

Why are you unhappy with the organization’s response?

Did you try to resolve the matter? How? Please explain what steps you took and who you spoke to or met with. What was the result?

What do you want to happen to fix the complaint?

Your complaint *continued*

Do you know of anyone else whose interests are affected by the complaint?

☐

Yes

☐

No

If yes, please provide their full names and contact details (if you have that information).

Declaration and Signature

I, _____ hereby acknowledge and declare that:

the information I have provided is true and accurate to the best of my knowledge;

I understand that if I do not stay in touch with the Office of the Ombud my complaint may be closed;

I understand that it may be necessary for the Office of the Ombud to give information from my complaint to the organization I have complained about so that they can give us a response;

I give the Office of the Ombud permission to gather information and documents about me to process my complaint and to have any information or documents examined by any person it deems necessary.

I give permission for the GNWT Department(s) and/or the Authority or Authorities named in my complaint to share any information and documents with the Ombud Office that the Ombud Office requests as part of its review of my complaint.

Signature

Date

Remember to attach copies of any relevant documents to this form.

info@nwtombud.ca

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