



House of Assembly
Province of Newfoundland and Labrador
Office of the Citizens' Representative

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www.citizensrep.nl.ca

Please complete and submit to the Office of the Citizens' Representative.

Name: _____

Address: _____

Home Phone: _____ **Alternate Phone:** _____ **Fax:** _____
(if applicable)

E-mail Address: _____

Electoral District: _____

1. Which authority (government agency/department) is your complaint about? (*Please identify by specific name*)

2. Who have you dealt with? (*list any names, titles, phone numbers or addresses that you have. If none, please state "None"*)

3. Summarize your complaint and any steps you have taken to try to resolve it: (*please indicate any file or reference numbers and relevant dates*).

4. Did you file an appeal or apply for a review? **Yes** **No**
If yes, when was the last appeal or review and what was the result?

5. Why do you believe the actions are unfair?

6. How can this complaint be settled?

7. If you consider the matter urgent, explain why.

The information provided by you is protected from disclosure by Section 41(c) of the *Access to Information and Protection of Privacy Act* and by Sections 13(1) and 27 of the *Citizens' Representative Act*. It is used only for purposes relevant to an investigation, inquiry, or the reports generated by the investigation or inquiry. It will only be disclosed without your permission where there is a lawful duty by the Citizens' Representative or his officers to do so. For more information, please call 1-800-559-0079 and ask to speak with the Access to Information and Privacy Coordinator.

Complainant

Date

You will be contacted upon receipt of your complaint form.