



# COMPLAINTS ABOUT OUR SERVICES: REQUEST FOR REVIEW FORM

## Not satisfied with how we handled your complaint?

We aim to be fair and thorough in all our work. If you disagree with how we handled your complaint, and you've already tried to resolve the issue with the staff member who worked on your file, you can use this form to ask for a review.

## How does the review process work?

- You must submit this form **within 45 calendar days** of when we shared our decision with you. If you haven't been able to do that, please explain why.
- You **must first raise your concerns** with the staff member responsible for your file before asking for a review.
- This is **not** a chance to reinvestigate your complaint or add new information. If you have new information, please send it to the staff member responsible for your file and allow them time to respond.
- The review may look at:
  - ☐ whether we followed a fair process
  - ☐ whether our decision was reasonable
  - ☐ and whether we explained our findings clearly

Please be as specific as possible about your concerns. This will help us respond quickly. **What happens next?**

A supervisor will let you know that we have received your request, and will write to you when they have completed their review. The supervisor's decision is final.

Visit [What to Expect](#) for more information.

Please complete the following fields to request a review of our office's handling of your complaint or disclosure.

1. Person requesting review

Name of person applying for review		Ombudsperson file number (if known)
Address	City	Postal code
Email	Phone	Alternate phone
Name of representative (if applicable)		
Representative's email	Rep's phone	Rep's alternate phone

2. Reason for request for review

Please identify the decision we made, action we took or inaction on our part that concerns you. Please explain why you believe it was unreasonable or unfair and what outcome you are seeking. Please be specific in your explanation about what decision you disagree with or aspect of our service you are not satisfied with, and why.

**2. Reason for request for review, continued**

**Have you completed ALL required sections of this form?**  
**If so, send it to:**

**Office of the Ombudsperson**

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**Mailing address:**

PO Box 9039 Stn Prov Govt  
Victoria BC V8W 9A5

**In person:**

2nd Floor – 947 Fort Street, Victoria BC

**Email:**

[mail@bcombudsperson.ca](mailto:mail@bcombudsperson.ca)  
Attention: Request for Review

**Facsimile:**

250-387-0198 (Victoria)

If you need assistance completing this form, or are unable to request a review in writing, please contact us at 1-800-567-3247. Translation services are available.

**FREE. INDEPENDENT. CONFIDENTIAL. FAIR.**