FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Complaint Form

Instructions

To help with our review, please complete and sign the form and send us the following information:

- A copy of your complaint that was sent to the person/entity who you have a concern with
- Final response that the person/entity provided to resolve your complaint
- All documents that support your complaint (e.g., contracts, policy documents, emails, letters sent to or received from the person/entity etc.). You may attach the documents separately, if necessary.

Please note that we cannot review your complaint unless you have received a final response from the person/entity who your complaint is about. E.g., if you have a complaint about your Mortgage Agent, please make sure the Principal Broker has responded to you in writing. If you have a complaint with an Insurance Agent or an Insurance Company, please make sure their Ombudsman's Office has responded to you in writing. If your complaint is about a Credit Union, please make sure the officer or employee designated by the Credit Union to resolve your complaint has responded to your complaint in writing.

Please send this form and any documents that support your complaint to the attention of the "Complaints and Risk Assessment Branch" by email to contactcentre@fsrao.ca, by fax to 416 590-8480, or by regular mail to:
25 Sheppard Avenue West, Suite 100, Toronto, ON, M2N 6S6.

Contact Information

Last Name	Initials	First Name

Street Adress

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number	Fax Number (if available)	E-mail Address	

Preferred method of contact

◯ Phone ◯ Email ◯ Letter

Who is your complaint with? (select all that apply)

- ☐ Credit Union/Caisse Populaire
- ☐ Health Service Provider (Health and rehabilitation clinics providing services to auto insurance accident benefit claimants)
- ☐ Insurance Agent/Adjuster
- ☐ Insurance Company
- ☐ Mortgage Administrator
- ☐ Mortgage Agent/Broker
- ☐ Mortgage Brokerage
- ☐ Mortgage Lender
- ☐ Other, Specify: _____

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What is your complaint about? (select all that apply)

- ☐ Accident and Sickness Insurance
- ☐ Automobile Insurance
- ☐ Billing for goods or services related to automobile accident benefits
- ☐ Disability Insurance
- ☐ Insurance Investments
- ☐ Life Insurance
- ☐ Mortgage
- ☐ Property Insurance
- ☐ Other Specify: _____

The complaint is against the following person/entity

Individual Name (if applicable)	Claim/Policy/Licence/Reference No.

Entity Name (if applicable)

Street Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Telephone Number	ext.	Fax Number	E-mail Address

Complaint Details

The date when you first became aware of the matter giving rise to your complaint (yyyy/mm/dd) _____

Briefly describe your complaint. Include facts and documents that are relevant to your complaint.
You may attach the documents separately, if necessary.

Please provide the name and details of the person who you attempted to resolve your complaint with:

Name of Contact	Email Address	Telephone Number

Summary of steps you have taken to resolve your complaint to date.

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Final Position/Response

◯ I have attached the final response letter that the person/entity provided to me

◯ I have **not** attached the final response letter

If you have **not** attached the final response letter, explain why. Please note that the review of your complaint may be delayed if you do not provide documents to support your complaint.

Legal Action

Have you commenced legal action?

◯ Yes ◯ No

If yes, please explain

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Notification and Consent

Your personal information is being collected by the Financial Services Regulatory Authority of Ontario ("FSRA") under the authority of the *Financial Services Regulatory Authority of Ontario Act*[1], as part of FSRA's role in regulating the financial services sectors and protecting the rights and interests of consumers. FSRA requires the personal information you have provided in this form to investigate your complaint.

FSRA may need to disclose your personal information to third parties as part of its review or ensuing investigation, if required. By signing below, you consent to FSRA's disclosure of the information contained on this form, and any additional information about your complaint to the following parties:

1. The person(s) and or entity named in your complaint
2. Any government ministry, agency, board or commission
3. Any self-regulatory agency or association; and
4. Any Canadian law enforcement agency

If FSRA is required to share your personal information with a person or entity not listed above to resolve your complaint, you will be contacted to provide further consent.

If you have any questions about FSRA's collection and disclosure of your personal information, please contact:

Financial Services Regulatory Authority of Ontario
25 Sheppard Avenue West, Suite 100
Toronto, ON M2N 6S6
Telephone: (416) 250-7250
Toll Free: 1-800-668-0128
Fax: (416) 590-8480
TTY: 1-800-387-0584
Email: contactcentre@fsrao.ca

◯ I hereby consent to FSRA's collection, use and disclosure of the information I have submitted in my complaint, including my personal information to:

1. The person(s) and or entity named in your complaint
2. Any government ministry, agency, board or commission
3. Any self-regulatory agency or association; and
4. Any Canadian law enforcement agency

◯ I do not consent to the collection, use and disclosure of the information I have submitted in my complaint.

Name (please print)	Date (yyyy/mm/dd)

[1] *Financial Services Regulatory Authority of Ontario Act, 2016*, S.O, 2016, c 37, s 3(3).

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