

## Customer Complaint Form

- Your views are important to us and will assist us in improving our service to the public. Please **do not** fill in your name and address in the space provided below unless you would like to receive a response to your complaint. If you do provide us with your name and address, they will only be used to enable us to contact you in order to respond to your complaint and/or suggestions. Your name and address will not be used for any other purposes. Personal information on this form is collected under the authority of the *Archives and Recordkeeping Act 2006, S.O. 2006, chapter 34, Schedule A.*

**PLEASE HAND IN THIS FORM TO STAFF OR MAIL TO THE ADDRESS BELOW**

**CLIENT CONTACT DATA IS STRICTLY CONFIDENTIAL**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Description of complaint: (Include date and time of complaint)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestion(s) as to how your complaint can be resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will respond to your complaint within 48 hours of it being received.  
Your co-operation is appreciated.

If you have any questions about the information collected on this form, please contact:  
Senior Manager, Archives Services, Archives of Ontario, 134 Ian Macdonald Blvd. Toronto, ON,  
M7A 2C5, (416) 327-1600

# Archives of Ontario Customer Complaint Report

## **STAFF USE ONLY:**

COMPLAINT MADE: By phone \_\_\_\_\_ In person \_\_\_\_\_ In writing \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ROUTED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ACKNOWLEDGEMENT: By phone \_\_\_\_\_ In person \_\_\_\_\_ In writing \_\_\_\_\_

DATE OF ACKNOWLEDGEMENT: \_\_\_\_\_

ACTION TAKEN: (up to and including final response to complainant)

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If complaint filled out on behalf of client, initial here \_\_\_\_\_

WAS FEEDBACK PROVIDED TO CLIENT? Yes \_\_\_\_\_ No \_\_\_\_\_

DATE CLIENT WAS CONTACTED: \_\_\_\_\_

COMMENTS:

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CLOSE DATE: \_\_\_\_\_ STAFF SIGNATURE: \_\_\_\_\_

SENIOR MANAGER SIGNATURE: \_\_\_\_\_