

CLOSED MEETING COMPLAINT FORM

First Name: _____	Address: _____
Last Name: _____	City: _____
Contact Phone No: (include area code) _____	Province: _____
Alternate Phone No: (include area code) _____	Postal Code: _____

The Ombudsman Office hours of work are Monday to Friday, 9:00am-4:30pm (EST). Please indicate the best method and time to contact you for information: _____

1. Please provide details regarding the closed meeting about which you are complaining, including the date, location, subject matter, notice, who was in attendance and voting outcome if known: _____

2. Why do you believe that this meeting should not have been closed to the public?

Submit your complaint by

Mail: Ombudsman Ontario **Fax:** 416-586-3485 **TTY (teletypewriter):** 1-866-411-4211
Bell Trinity Square
483 Bay St.
10th Floor, South Tower
Toronto, ON M5G 2C9

If you have any questions please contact the Ombudsman's Office by phone at **1-800-263-1830** or by email at info@ombudsman.on.ca.