



ONTARIO'S WATCHDOG  
CHIEN DE GARDE DE L'ONTARIO

**CLOSED MEETING COMPLAINT FORM**

First Name: _____	Address: _____
Last Name: _____	City: _____
Contact Phone No: (include area code) _____	Province: _____ Postal Code: _____
Alternate Phone No: (include area code) _____	
The Ombudsman Office hours of work are Monday to Friday, 9:00am-4:30 pm (EST). Please indicate the best method and time to contact you for information: _____	

**1. Which municipal council, committee or local board is your complaint about?**

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

**2. Please provide details of the closed meeting that you are complaining about, including the date, location, subject matter and voting outcome (if known).**

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

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

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

**Submit your complaint by**

**Mail:** Ombudsman Ontario  
Bell Trinity Square  
483 Bay St.  
10th Floor, South Tower  
Toronto, ON M5G 2C9

**Fax:** 416-586-3485

**TTY (teletypewriter):** 1-866-411-4211

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](mailto:info@ombudsman.on.ca).