

# ADR Chambers Banking Ombuds Office

bankingombuds.ca

Phone: 1-800-941-3655

Fax: 1-877-307-0014

112 Adelaide Street East, Toronto, Ontario M5C 1K9

## COMPLAINT SUBMISSION FORM\*

<p><b>Please select bank:</b></p> <p>RBC</p> <p>TD</p>
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<i>For Office Use Only</i>	
<i>Complaint Reference Number</i>	
<i>Date Complaint Commenced</i>	
<i>Information Processed By</i>	

*The information collected in this form will be used to process your complaint and investigation as necessary. Please fill in all information clearly and provide all necessary documents as indicated.*

<b>Full Name of Complainant and/or Business name</b>	
<b>Mailing Address w/ Postal Code</b>	
<b>Home Telephone Number</b>	
<b>Work Telephone Number</b>	
<b>Cell Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Full Name of Complainant #2 and/or Business name (if applicable)</b>	
<b>Mailing Address w/ Postal Code</b>	
<b>Home Telephone Number</b>	

\* Form date: November 1, 2011

<b>Work Telephone Number</b>	
<b>Cell Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>If you are presenting a complaint on behalf of a person or company, please provide your name and contact information below.</b>	
<b>Relationship to Complainant</b>	
<b>Full Name</b>	
<b>Mailing Address w/ Postal Code</b>	
<b>Home Telephone Number</b>	
<b>Work Telephone Number</b>	
<b>Cell Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Who is your complaint against? Please indicate the relevant information below.</b>	
<b>Name of staff person(s)</b>	
<b>Branch or Transit Number and/or Address</b>	





**Please provide details of your suggested resolution to this matter.**

Your signature indicates that you would like the ADR Chambers Banking Ombuds Office to proceed with an investigation of the Complaint. It also indicates your understanding that the process is free of charge to the complainant(s), is handled by an independent agent, and is confidential.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 2nd Applicant  
(if applicable)**

\_\_\_\_\_  
**Date**

Additional Information (*not required*):  
How did you hear about ADR Chambers Banking Ombuds service?

Please submit the completed Complaint Submission form, a copy of the bank Ombudsman's response letter, and copies of any supporting documents by fax or mail to the address below:

**ADR Chambers Banking Ombuds Office**  
**112 Adelaide Street East**  
**Toronto, Ontario**  
**M5C 1K9**

**Phone: 1-800-941-3655**  
**Fax: 1-877-307-0014**

**contact@bankingombuds.ca**  
**www.bankingombuds.ca**

*If you are concerned about the security of your information, please do not submit your documents by email.*