



About this Form

Use this Application form to complain about the services of a children's aid society.

You can complain that:

1. the Society did not give you a chance to be heard when you raised your concerns
2. the Society did not give you a chance to be heard when decisions that affected your interests were made
3. the Society did not give you reasons for its decisions that affect your interests
4. the Society refused to proceed with your complaint
5. the Society did not follow its complaint review process or timelines

This Application is made under section 119/120 of the [Child, Youth and Family Services Act, 2017](#).

When to Apply

You may make a complaint about the Society to the CFSRB:

- once you have completed the Society's internal complaint review procedure; or
- at any time during the Society's internal complaint review procedure; or
- directly without going through the Society's internal complaint review procedure

The CFSRB cannot review a complaint if the complaint is about:

1. an issue that has been decided by the Court or is before the Court
2. an issue that falls under another decision-making process under the *Child, Youth and Family Services Act, 2017* or the *Labour Relations Act*

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email: CFSRB@ontario.ca

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario
Child and Family Services Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Applicant Information

Last Name		First Name	
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone (Day)	Telephone (Evening)	Fax	
Email *			

2. Representative Information

Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the [Practice Direction on Representation](#).

I authorize the named person and/or organization to represent me.

My representative is:

A lawyer Law Society # _____ A paralegal Law Society # _____

Other (Please describe. For example, mother, father, friend) _____

Last Name		First Name		Organization (if applicable)	
Address (Number and Street)				Suite/Unit/Apt.	
City/Town			Province	Postal Code	
Telephone	Fax	Email *			

3. Indigenous Representative

Complete this section if you are a member of a Band, First Nations, Inuit or Métis community and you wish to have a representative of your community participate in this Application. The CFSRB will provide a copy of all materials to the person identified, if the representative confirms participation in this matter.

Last Name		First Name	
Name of Band, First Nations, Inuit or Métis community			
Address (Number and Street)			Suite/Unit/Apt.
City/Town		Province	Postal Code
Telephone	Fax	Email *	

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

4. Children Affected by this Application

Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Applicant's Relationship to Child		
Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Applicant's Relationship to Child		
Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Applicant's Relationship to Child		
Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Applicant's Relationship to Child		
Last Name		First Name	
Date of Birth (yyyy/mm/dd)	Applicant's Relationship to Child		

5. Which Children's Aid Society is this Application about?

Name		Telephone	
Address	City/Town	Province	Postal Code

6. Tell us why you are applying to the CFSRB. Check one or more boxes.

- The Society did not give you a chance to be heard when you raised your concerns.
- The Society did not give you a chance to be heard when decisions that affected your interests were made.
- The Society did not give you reasons for its decisions that affect your interests.
- The Society refused to proceed with your complaint.
- The Society did not follow its complaint review process or timelines.

Use the space below to explain your complaint in detail. Be as specific as possible. Attach additional pages if necessary.

7. Have you complained to the Society, in writing, about this matter? If "yes", attach a copy of the complaint letter.

Yes No I have attached a copy of the complaint letter.

8. Have you met with the Society's Internal Complaints Review Panel? If "yes", attach a copy of the results letter.

Yes No I have attached a copy of the results letter.

9. Has the concern you describe above been dealt with in Court?

Yes No

10. Is the concern you describe above currently before the Court?

Yes No

11. Accessibility and Accommodation

Tell us if you need any of the following at the hearing:

- Interpreter No Yes
 Language _____ Dialect _____
- Sign Language Interpreter No Yes
- Wheelchair Access No Yes
- Other (*Please specify*) _____

For more information on accessibility and accommodation, visit our [website](#).

12. Applicant Signature

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 119 and 120 of the [Child, Youth and Family Services Act, 2017](#). It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).