



---

### 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

If you are complaining about inaccuracies in your file or record, you must complete the Society's internal complaint review procedure before applying to the CFSRB.

---

### 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](mailto:CFSRB@ontario.ca)

By Fax: 416-327-0558

By Mail/In Person: Social Justice Tribunals Ontario  
Child and Family Services Review Board  
655 Bay Street, 14<sup>th</sup> Floor  
Toronto, ON M7A 2A3

For more information, call 416-327-4673 or toll-free 1-888-728-8823.



**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**

|                            |  |                                   |  |
|----------------------------|--|-----------------------------------|--|
| 1. 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.
- The Society has inaccurately recorded something on your file or record and you are not satisfied with the decision made in the children's aid society's internal complaint review process.

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 may also release information about an Application in response to a request made under the [Freedom of Information and Protection of Privacy Act](#).

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