FSRA
Financial Services Regulatory Authority of Ontario

Ontario

Complaint Form

FSRA encourages consumers and our regulated sectors to report potential misconduct by individuals or entities that FSRA regulates by filing this Complaint Form. Your information helps ensure only suitable individuals or entities are allowed to provide financial services to the public and supports FSRA's mandate of protecting consumers and ensuring public confidence in the sectors FSRA regulates.

If you want to file a complaint AND you do not want to be identified, complete FSRA's Complaint Form – Anonymous Submission. Some individuals or entities may be eligible for certain protection for reporting potential misconduct to FSRA, e.g. protection of their identity from disclosure, immunity from civil proceedings and protection against reprisals. To check whether you are eligible for protection, please review information about FSRA's Whistle-blower Program.

Instructions

Please include the following information along with the completed form:

- A copy of your complaint that was sent to the person/entity who you have a concern with.
- Final response that the person/entity provided you regarding your complaint.
- All documents that support your complaint (e.g., contracts, policy documents, emails, letters sent to or received from the person/entity etc.). You may attach the documents separately, if necessary.

Please note that we cannot review your complaint unless you have received a final response from the person/entity who your complaint is about, and they have responded in writing.

For example:

- If you have a complaint about a Mortgage Agent, please make sure the Principal Broker has responded to you in writing.
- If you have a complaint about an Insurance Agent or an Insurance Company, please make sure their Ombudsman's Office has responded to you in writing.
- If you have a complaint about a Credit Union, please make sure the officer or employee designated by the Credit Union to resolve your complaint has responded to you in writing.

What to expect:

- With the information you provide, we will conduct a thorough and impartial review of your complaint to determine whether there was non-compliance with regulatory requirements.
- If so, FSRA will decide what, if any, regulatory actions are required, such as education, letters of warning, intensifying our supervision, or enforcement actions.
- If your complaint is not regulatory in nature, or it should be with another organization, we will provide alternatives for where you may be better served.
- If we need more information from you, we will contact you.

FSRA does not:

- Share information about ongoing supervision or investigation of a specific individual or entity. FSRA publishes information about enforcement actions and warning notices at the following link: Enforcement Actions and Warnings.
- Have the authority to force a company or individual to change a business decision or provide refunds to you.
- Have the authority to seek compensation on your behalf or resolve individual disputes.
- Act as a consumer advocate. Although we discuss individual cases with Licensees, we cannot compel them to change decisions.

To address the last three bullet points above, you will need to go through the internal dispute resolution process of the entity for which you have a complaint, external dispute resolution, or a court of law. We can provide information to help you pursue these venues.

Contact Information

Last Name	Initials	First Name

Street Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code

Telephone Number	Fax Number (if available)	E-mail Address

Preferred method of contact

◯ Phone ◯ Email ◯ Letter

Who is your complaint with? (select all that apply)

- ☐ Credit Union/Caisse Populaire
- ☐ Health Service Provider (Health and rehabilitation clinics providing services to auto insurance accident benefit claimants)
- ☐ Insurance Agent/Adjuster
- ☐ Insurance Company
- ☐ Loan and Trust
- ☐ Mortgage Administrator
- ☐ Mortgage Agent/Broker
- ☐ Mortgage Brokerage
- ☐ Mortgage Lender
- ☐ Financial Planner/Financial Advisor
- ☐ Other, Specify: _____

What is your complaint about? (Select all that apply)

- ☐ Accident and Sickness Insurance
- ☐ Automobile Insurance
- ☐ Billing for goods or services related to automobile Accident Benefits
- ☐ Disability Insurance
- ☐ Unapproved Credentialing Body / Unapproved Credential
- ☐ Approved Credentialing Body / Approved Credential
- ☐ Individual using the Financial Planner or Financial Advisor title without an approved credential
- ☐ Insurance Investments
- ☐ Property Insurance
- ☐ Mortgage
- ☐ Life Insurance
- ☐ Other, Specify: _____

Please note that matters related to your safety and security should be reported to your local police services.

The complaint is against the following person/entity

Individual First Name (if applicable)	Individual Last Name (if applicable)	FSRA Licence Number (if known)

Entity Name (if applicable)	FSRA Licence Number (if known)

Street Address

Unit Number	Street Number	Street Name

City	Province	Postal Code

Telephone Number	ext.	Fax Number	E-mail Address

Complaint Details

The date when you first became aware of the matter giving rise to your complaint (yyyy/mm/dd) _____

Briefly describe your complaint. Include facts and documents that are relevant to your complaint. You may attach the documents separately, if necessary.

Summary of steps you have taken to resolve your complaint to date.

Legal Action

Have you commenced legal action?

◯ Yes ◯ No

If “Yes”, please provide a brief explanation of the legal action and attach copies of any documents related to the legal action.

Notification and Consent for the Collection, Use and Disclosure of your Personal Information

FSRA will collect, use, and disclose any personal information you provide in this form and any documents submitted with this form to conduct a review of your complaint. Any personal information you provide in this form, and any documents submitted with this form, may also be used by FSRA in an investigation or law enforcement action.

FSRA is authorized to collect personal information (including any personal information you disclose in this form or any attachments) under sections 38(2) and 39(1)(a) of the *Freedom of Information and Protection of Privacy Act*[1] (FIPPA), section 3 of the *Financial Services Regulatory Authority of Ontario Act, 2016*[2] , and the various statutes administered by FSRA[3] , for the purposes set out in this form.

Please note that all information collected by FSRA may be subject to an access request under FIPPA. If you have any questions about FSRA's collection, use or disclosure of your personal information, please contact our Freedom of Information (FOI) Office:

Freedom of Information

Financial Services Regulatory Authority of Ontario

25 Sheppard Avenue West, Suite 100

Toronto, ON M2N 6S6

Telephone: (416) 250-7250

Toll Free: 1-800-668-0128

Fax: (416) 590-8480

TTY: 1-800-387-0584

Email: FOI@fsrao.ca

By submitting this form to FSRA, in the manner set out in the Instructions for Submission section below, I consent to:

- **FSRA's collection and use of any personal information in this form, any documents or other information submitted to FSRA with this form, and any additional personal information FSRA collects to review my complaint or verify the information contained in this form ("My Personal Information"); and**
- **FSRA's disclosure of My Personal Information to any person or entity named in my complaint, government ministry, agency, board or commission, regulatory or professional body, or law enforcement agency in Canada for the purpose of conducting a review, investigation, or law enforcement action.**

We will contact you to provide further consent if FSRA is required to share your personal information with a person or entity not listed above to resolve your complaint.

Instructions for Submission:

Please send this form and any documents that support your complaint to the attention of the "Complaints and Risk Assessment Unit" by email to contactcentre@fsrao.ca, by fax to 416 590-8480, or by regular mail to:

25 Sheppard Avenue West, Suite 100, Toronto, ON, M2N 6S6.

Name (please print)	Date (yyyy/mm/dd)

[1] *R.S.O. 1990, c. F.31.*

[2] *S.O. 2016, c. 37.*

[3] *Mortgage Brokerages, Lenders and Administrators Act*, *2006*, S.O. 2006, c. 29, s. 30; *Insurance Act, R.S.O. 1990*, *c. I.8, s. 440; Financial Professionals Title Protection Act, 2019*, S.O. 2019, c. 7, Sched. 25, s. 11; *Credit Unions and Caisses Populaires Act, 2020, S.O. 2020*, c. 36, Sched. 7, s. 198 and 199.