

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 wish to simply provide information without providing your name, then please follow the instructions below. Please note there will be no further communication with FSRA after receipt of your complaint. 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.

**Please note that FSRA cannot guarantee your anonymity. If you do not want to be identified, do not include any personal details in this form, or your supporting documents, that could be used to identify you (including, for example, an email address).**

### 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.

FSRA's ability to review and investigate a complaint submitted using this anonymous complaint form may be limited as there may be insufficient information to proceed with our review and FSRA is unable to contact you. Therefore, FSRA recommends that you submit your complaint using this form only if you have sufficient information for FSRA to determine if there was non-compliance with regulatory requirements and you do not wish to be identified.

### 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.

To address the last two 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Credit Union/Caisse Populaire  | <input type="checkbox"/> Mortgage Administrator                                 |
| <input type="checkbox"/> Health Service Provider<br>(Health and rehabilitation clinics providing services to auto insurance Accident Benefit claimants) | <input type="checkbox"/> Mortgage Agent/Broker                                  |
| <input type="checkbox"/> Insurance Agent/Adjuster   | <input type="checkbox"/> Mortgage Brokerage                                     |
| <input type="checkbox"/> Insurance Company  | <input type="checkbox"/> Mortgage Lender  |
| <input type="checkbox"/> Loan and Trust   | <input type="checkbox"/> Financial Planner/Financial Advisor (Title Protection) |
|   | <input type="checkbox"/> Other, Specify: _____                                  |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Accident and Sickness Insurance                                       | <input type="checkbox"/> Individual using the Financial Planner or Financial Advisor title without an approved credential |
| <input type="checkbox"/> Automobile Insurance  | <input type="checkbox"/> Insurance Investments  |
| <input type="checkbox"/> Billing for goods or services related to automobile Accident Benefits | <input type="checkbox"/> Property Insurance   |
| <input type="checkbox"/> Disability Insurance  | <input type="checkbox"/> Mortgage   |
| <input type="checkbox"/> Unapproved Credentialing body / Unapproved Credential                 | <input type="checkbox"/> Life Insurance   |
| <input type="checkbox"/> Approved Credentialing Body / Approved Credential                     | <input type="checkbox"/> 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, dates, and documents that are relevant to your complaint. You may attach the documents separately, if necessary. Do not include any information, including personal information, which could reveal your identity.

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

## Notice of Collection, Use and Disclosure of your Personal Information

FSRA will collect, use, and disclose any information you provide in this form and any documents submitted with this form to conduct a review of your complaint. Any 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*<sup>1</sup> (FIPPA), section 3 of the *Financial Services Regulatory Authority of Ontario Act, 2016*<sup>2</sup>, and the various statutes administered by FSRA<sup>3</sup>, 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 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](mailto:FOI@fsrao.ca)

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

- Confirm that I understand that FSRA cannot guarantee my anonymity with respect to the matters set out in this form and any documents or other information submitted to FSRA with this form (the "Complaint");
- Confirm that I understand that I am responsible for reviewing the Complaint and removing any personal details that could be used to identify me;
- Consent to FSRA's collection and use of this Complaint, including any personal information accidentally included in this Complaint; and
- Consent to FSRA's disclosure of this Complaint and any personal information in this Complaint to any person or entity named in this 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 and/or law enforcement action.

Date (yyyy/mm/dd)

### 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](mailto:contactcentre@fsrao.ca), by fax to 416 590-8480, or by regular mail to:

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

<sup>1</sup>R.S.O. 1990, c. F.31.

<sup>2</sup>S.O. 2016, c. 37.

<sup>3</sup>*Mortgage Brokerages, Lenders and Administrators Act, 2006*, S.O. 2006, c. 29, s. 30; *Insurance Act, R.S.O. 1990, c. 1.8, 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.

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