



SERVICE FEEDBACK FORM

Please select one (required)

- Complaint
 Compliment
 Comment

Part One - Identification and Mailing Address (required)

Given name		Surname	
Address (Street or Postal Box)			
City		Province or Territory	Postal Code
Daytime Telephone Number	Alternative Telephone Number	Email	

Part Two - Information about the group or unit you were dealing with (please select one for group and one for location) (required)

- | | | | |
|---|--|---|--|
| <input type="radio"/> Civil Aviation | <input type="radio"/> Marine Safety and Security | <input type="radio"/> Rail Safety | <input type="radio"/> Road Safety |
| <input type="radio"/> Transportation of Dangerous Goods | <input type="radio"/> Aviation Security | <input type="radio"/> Surface and Intermodal Security | <input type="radio"/> Corporate Services |
| <input type="radio"/> Programs | <input type="radio"/> Policy | <input type="radio"/> Communications | <input type="radio"/> Other <input type="radio"/> Don't know |
-
- | | | | |
|---|---------------------------------------|---|--------------------------------------|
| <input type="radio"/> Headquarters / Ottawa | <input type="radio"/> Pacific Region | <input type="radio"/> Prairie and Northern Region | <input type="radio"/> Ontario Region |
| <input type="radio"/> Quebec Region | <input type="radio"/> Atlantic Region | <input type="radio"/> Other | <input type="radio"/> Don't know |

Part Three - Nature of Complaint, Comment or Compliment (required)(select one from dropdown list)

Nature of Complaint, Comment or Compliment

Part Four - Complaint

A service complaint is an expression of dissatisfaction with the service, quality, or timeliness of the work performed by Transport Canada

1. Describe your service-related complaint (required if complaint is selected)

2. What actions have you taken to try to resolve your service-related complaint?

3. Describe the outcome you want (required if complaint is selected).

4. Feedback: What do you think we should do to improve our service?

Part Five - Comment or Compliment

1. Give details of your comment or compliment (required if comment or compliment is selected)

2. What do you think we should do to improve our service?

Part Six - Signature and Certification (required)

I authorize Transport Canada to review my complaint, comment or compliment. I further certify that the information given on this form or in the attached document is, to the best of my knowledge, correct and complete.

I do not require a response from Transport Canada to this complaint, comment or compliment

Signature

Date

Completing and Submitting Form

You can return the form to the following address:

Transport Canada - Service Feedback (AAEZ)
330 Sparks Street
Ottawa, ON
K1A 0N5

Or by fax: **613-954-4731**

For more information you can reach us at:

Phone: 613-990-2309
Toll Free: 1-866-995-9737
Teletypewriter (TTY): 1-888-675-6863

Security and Privacy Disclaimer

The personal information provided on this form is collected under the authority of the *Financial Administration Act*. Providing information on this form is voluntary. This information is required to respond to your comments and/or complaints, as well as to help the department improve service delivery. The personal information collected is described in a Personal Information Bank entitled Outreach Activities TC PSU 938. Under the provisions of the *Privacy Act*, individuals have the right of access to, correction of and protection of their personal information. All personal information provided on this form will be handled in accordance with the provisions of the *Privacy Act* and other applicable laws. Please do not disclose information that is considered confidential.