

### Application about Complaints Against a Children's Aid Society FORM 2

Disponible en français

Language Preference						
The CFSRB offers services in both French and English.						
What is your preferred language?	French	English				
If you are the Respondent and want French Language Services, complete the Request for French Language Services and send it by email or mail to the CFSRB at CFSRB@ontario.ca.						

#### **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:

CFSRB@ontario.ca By Email:

By Fax: 416-327-0558

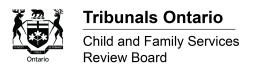
**Tribunals Ontario** By Mail/In Person:

> 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.

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# Application about Complaints Against a Children's Aid Society FORM 2

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1. Applicant Information								
Last Name				First Name				
Address (Number and Street,	)						Suite	/Unit/Apt.
City/Town	City/Town Province				rovince		Postal Code	
<b>T.</b> 1 (2)						-		
Telephone (Day)		Telephone (Ev	ening	g)		ax		
Email *								
Ciliali								
2. Representative Informa	ation							
Complete this section only	if you are	authorizing a lav	///er	or another r	enresent	ative to ac	et for you	If you have a
representative, the CFSRB Representation.	•		•		•		•	•
☐ I authorize the name	d person	and/or organizati	ion to	o represent i	me.			
My representative is:								
☐ A lawyer Law Soci	etv#			A paralegal	Law :	Society#		
Other (Please describe		ample mother fathe	∟ er fri					_
	J. 1 O1 OXC	•	O1, 111					
Last Name		First Name Organization (if applicable)						
Address (Number and Street)					Suite/Unit/Apt.			
Address (Number and Street)					nortpt.			
City/Town Province Postal				Postal Code				
·								
Telephone	Fax		Em	ail *		<u>'</u>		1
3. Indigenous Representa	ative							
Complete this section if you	ı are a m	nember of a Band,	, Firs	st Nations, In	uit or Mé	tis commi	unity and	you wish to have
a representative of your con							de a cop	y 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.								
Address (Number and Stre	et)						Suite/Of	шиярт.
City/Town Province Postal					Postal Code			
Oity/ 1 Owi i						TOVITION	•	1 33(4) 3040
Telephone	Fax		Em	ail *		1		
•								

<sup>\*</sup> Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

4. Children Affected	by this App	olication							
Last Name	Last Name		First Name						
Date of Birth (yy	yy/mm/dd)	Applicant's Relationship to Child							
Last Name	Last Name			First Name					
Date of Birth (yy	yy/mm/dd)	Applicant's Relationshi	p to Child						
Last Name		1	First Name						
Date of Birth (yy	Date of Birth (yyyy/mm/dd) Applicant's Relationship to Child								
Last Name	Last Name			First Name					
Date of Birth (yy	yy/mm/dd)	Applicant's Relationship to Child							
Last Name	Last Name			First Name					
Date of Birth (yy	yy/mm/dd)	Applicant's Relationship to Child							
5. Which Children's	Aid Society	is this Application abo	out?						
Name				Telephone					
Address	ddress		City/Town		Province	Postal Code			
6. Tell us why you ar	e applying	to the CFSRB. Check of	one or more boxe	es.					
☐ The Society did no	t give you a	a chance to be heard wh	en you raised you	r concerns.					
☐ The Society did no	t give you a	a chance to be heard who	en decisions that	affected you	ır interests w	ere made.			
☐ The Society did no	t give you r	easons for its decisions	that affect your int	terests.					
☐ The Society refuse	ed to procee	ed with your complaint.							
☐ The Society did no	t follow its	complaint review process	s or timelines.						
Use the space below to	o explain yo	our complaint in detail. B	e as specific as p	ossible. Att	ach addition	al pages if			

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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	o I have attached a copy of the results letter.				
9. Has the concern you describe a	bove been d	ealt with in	Court?		
☐ Yes ☐ No					
10. Is the concern you describe ab	ove current	y before the	e Court?		
Yes No					
11. Accessibility and Accommodate	tion				
Tell us if you need any of the followin	g at the hear	ing:			
<ul><li>Interpreter</li></ul>	☐ No	Yes			
Language			Dialect		
<ul> <li>Sign Language Interpreter</li> </ul>	☐ No	Yes			
<ul> <li>Wheelchair Access</li> </ul>	☐ 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 boy if you are fi	iling your Apr	lication elec	tronically	This represents your signature. You must	

## **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 <u>Child, Youth and Family Services Act, 2017</u>. 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).

fill out the date above.

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