Service-Related Complaint

Section 1 – Identification					Internal use only	
First name and initial	Last name				·	
Mailing address (Apt No – Street No	Street name, PO	Box, RR)				
City						
D :			To			
Province or territory (or country, if o	utside Canada)		Postal or zip code			
Daytime telephone number	Alternate telephone number		Best time to contact you			
Social insurance number/ Business number						
Section 2 – Service-related	l complaint					
sheet.)	s) you have contact service rights, see	cted, and describe	any action that they have to	aken. (If you	nclude the name(s) of the CRA need more space, attach a separate ing your rights as a taxpayer, and refer	
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2. Describe the outcome you want. (If you need more space, attach a separate sheet.)						
-						

			Protected B when completed			
Section 3 – Certification						
I certify that the information given on this form and in all documents attach	ed is correct and comp	ete.				
Signature	Date					
Section 4 – Authorizing a representative						
If you are representing an individual (including a trust account), you can as attach Form T1013, <i>Authorizing or Cancelling a Representative</i> .	sk the individual to auth	orize you online at w	ww.cra.gc.ca/myaccount, or			
If you are representing a business, you can submit an authorization requeauthorize you online at www.cra.gc.ca/mybusinessaccount, or attach Fe			, ask the business owner to			
For non-residents You cannot use Form T1013 or Form RC59 to authorize or cancel a represent a Client service for non-resident accounts.	sentative for a non-resid	dent account. Also, re	epresentatives cannot use the			
To authorize a representative for your non-resident account or to make ch and send it to us.	anges to representative	information, you have	re to sign a letter of authorization			
Your letter of authorization must include your name, your non-resident acc telephone number), and a statement from you or an authorized officer to le			ve (with his or her address and			
Name of representative	Title					
Contact address (Apt No – Street No Street name, PO Box, RR)		City				
Province or territory (or country, if outside Canada)		Postal or zip code				
Signature of representative	Telephone number		Year Month Day			

Privacy Act, personal information bank number CRA PPU 174

Filing Instructions

Where do I send this form?

To avoid delays in the processing of your complaint, send this completed form, together with supporting documentation and any authorization forms, separately from other tax forms. Fax your form and documents to 1-866-388-7371 from Canada or the United States or 1-819-536-0701 from outside Canada and the United States, or mail them to:

> **CRA** – Service Complaints National Intake Centre **Appeals Division** 4695 12e Avenue Shawinigan-Sud QC G9N 5H9 CANADA

Supporting documentationInclude all relevant documentation that you feel may be helpful in reviewing your complaint or feedback.

For more information

If you need more information, see Booklet RC4420, Information on CRA -Service Complaints, or go to www.cra.gc.ca/complaints.