

Complaint to the BC Ombudsperson
With Regard to the Ministry of Social Development and Social Innovation (the "Ministry")

CONTACT INFORMATION

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Email: _____

I am (or was at the time of this complaint) a recipient of the following benefit:

- Income Assistance PPMB PWD Hardship Assistance
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MY COMPLAINT IS ABOUT: (check all that apply)
1-866 Phone line

I was waiting on hold on the 1-866 phone line for _____ minutes. _____
Date

Call got disconnected before I spoke to a Ministry worker. _____
Date

After speaking to a worker for _____ minutes, the Ministry worker told me they had to end the call, even though I felt we had not finished discussing my issue. _____
Date

I was not offered an interpreter when I needed one. I am not comfortable communicating in English. _____
Date

Other _____

Online Application

The Ministry refused to help me with the online application when I asked for help _____
Date

The Ministry would not give me a paper copy of the application when I asked for one. _____
Date

The Ministry referred me to _____ (e.g. library, security guard, community agency) for help with filling in the online application. _____
Date

Other _____

In-person Services

I asked to meet with a Ministry worker in person, and was told I could not have an appointment.

Date

I went into a Ministry office, but was told I had to leave and call the 1-866 phone line _____
Date

I went to a Ministry office and waited in line for ___ mins. [*If applicable: I had to leave before speaking to a worker because_____.*] _____
Date

Other _____

Do you have a disability? (*If yes, please describe your disability/disabilities*)

Do you have difficulty communicating (reading and/or speaking) in English?

Do you have your own phone? (*If not, what phone, if any, do you use to call the 1-866 phone line? If you do have a phone, is it a pay-as-you-go cell phone with limited minutes?*)

Do you have a computer? (*If yes, do you have regular internet access? If no, is there a computer you can use regularly to access the internet?*)

What was the impact on you by the issues you checked off in this complaint?

Do you want the Ombudsperson's Office to conduct a systemic review on service delivery problems you have identified? (*A systemic review looks at fairness issues affecting a large number of people that cannot be adequately resolved on an individual basis.*)

Yes No

Yes, I consent to my information being shared with BC Public Interest Advocacy Centre.

When you sign this complaint, you are agreeing for this information to be sent to the Ombudsperson. You are asking the Ombudsperson of BC to investigate your complaint about service delivery problems with BC's welfare system.

Date

Signature of Complainant