



Transport  
Canada

Transports  
Canada

Canada

## **CAIRS: Civil Aviation Issues Reporting System** *Request for Review Form*

**Please submit the completed form to the CAIRS Report Coordinator.**

### **National Capital Region**

CAIRS Coordinator  
Transport Canada - Civil Aviation  
Place de Ville, Tower "C"  
330 Sparks Street, 5<sup>th</sup> Floor  
Ottawa, Ontario  
K1A 0N8

Fax: (613) 993-7038  
E-mail: [CAIRS\\_NCR@tc.gc.ca](mailto:CAIRS_NCR@tc.gc.ca)



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## CAIRS: Civil Aviation Issues Reporting System Request for Review Form

<b>I want to</b>	<input type="checkbox"/> receive follow-up from a CAIRS coordinator. <input type="checkbox"/> receive follow-up from a CAIRS coordinator but I do not want my contact details to be shared. <input type="checkbox"/> remain completely anonymous. <i>(If you choose this option, you will not receive any follow-up.)</i>
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### REQUEST FOR REVIEW INFORMATION

<b>I am conveying</b>	<input type="checkbox"/> a compliment <input type="checkbox"/> a suggestion <input type="checkbox"/> a recommendation <input type="checkbox"/> a concern <input type="checkbox"/> a complaint <input type="checkbox"/> a hazard
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*Issue Description (who, what, where and when):*

*Suggested Solution:*

<b>Province of Occurrence</b>	
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<input type="checkbox"/> I have supporting documentation and it is attached.	<input type="checkbox"/> I do not have supporting documentation.
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### INFORMAL RESOLUTION

<input type="checkbox"/> I have tried informal resolution.	<input type="checkbox"/> I have not tried informal resolution.
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*If you have attempted informal resolution, please provide details.*

### CONTACT INFORMATION

<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other :						
<b>First Name</b>				<b>Last Name</b>			
<b>Company</b>							
<b>Telephone</b>	<i>Home</i> ( ) -	<i>Office</i> ( ) -	Ext.	<b>Fax</b> ( ) -	<b>Cell</b> ( ) -		
<b>Street Number</b>			<b>Apt. Number</b>			<b>Suite Number</b>	
<b>Street Name</b>					<b>City</b>		
<b>Province / State</b>			<b>Country</b>			<b>Postal / Zip Code</b>	
<b>E-mail</b>						<b>Date (yyyy-mm-dd)</b>	

### FOR OFFICE USE

<b>File Number</b>	<b>RDIMS Document Number</b>
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If you require more space to enter your information, please attach extra pages.

