



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

Please submit the completed form to the appropriate CAIRS Report Coordinator from the list below.

Atlantic

CAIRS Coordinator
Transport Canada - Civil Aviation
Moncton Regional Office
Heritage Court Building
95 Foundry Street, 6th Floor
Moncton, New Brunswick
E1C 5H7

Fax: (506) 851-3022
E-mail: CAIRS_ATL@tc.gc.ca

Pacific

CAIRS Coordinator
Transport Canada - Civil Aviation
Vancouver Regional Office
800 Burrard Street
Vancouver, British Columbia
V6Z 2J8

Fax: (604) 666-1175
E-mail: CAIRS_PAC@tc.gc.ca

National Capital Region

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

Fax: (613) 949-4204
E-mail: CAIRS_NCR@tc.gc.ca

Prairie and Northern

CAIRS Coordinator
Transport Canada - Civil Aviation
1100-9700 Jasper Avenue
Edmonton, Alberta
T5J 4E6

Fax: (780) 495-4622
E-mail: CAIRS_PNR@tc.gc.ca

Ontario

CAIRS Coordinator
Transport Canada - Civil Aviation
Ontario Regional Office
Joseph Shepard Building
300-4900 Yonge Street
North York, Ontario
M2N 6A5

Fax: (416) 952-0165
E-mail: CAIRS_ONT@tc.gc.ca

Quebec

CAIRS Coordinator
Transport Canada - Civil Aviation
700, Leigh Capr  ol
Dorval, Quebec
H4Y 1G7

Fax: (514) 633-3052
E-mail: CAIRS_QUE@tc.gc.ca



Transport
Canada

Transports
Canada

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I want to	<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

I am conveying	<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:

Province of Occurrence	
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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

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other :				
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First Name	Last Name	
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Company

Telephone	Home () -	Office () - Ext.	Fax () -	Cell () -
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Street Number	Apt. Number	Suite Number	
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Street Name	City	
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Province / State	Country	Postal / Zip Code
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E-mail	Date (yyyy-mm-dd)
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FOR OFFICE USE

File Number	RDIMS Document Number
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Please submit the completed form to the appropriate CAIRS Report Coordinator on the list accompanying this form. If you require more space to enter your information, please attach extra pages.

