



Ombudsman - Complaint Submission Form for Complaints Regarding The Regional Municipality of Durham

INSTRUCTIONS: Please submit the completed and signed Complaint Submission Form, including the Consent and Confidentiality Agreement, and copies of supporting documents to the Ombudsman by:

- regular mail to the ADR Chambers Ombuds Office, P.O. Box 1006, 31 Adelaide St. E., Toronto, Ontario, M5C 2K4
- fax to 1-877-803-5127 to the attention of the Ombudsman, or
- email (if scanned) to ombudsman@adr.ca

*** indicates mandatory information**

Complainant Information		
*Last Name		*First Name
*Mailing Address	*City/Town	*Postal Code
Email Address	*Phone #	Alternate Phone #1
Alternate Phone #2	Fax	
Best method and time to contact you: <ul style="list-style-type: none"> <input type="radio"/> Phone <input type="radio"/> Alternate Phone # 1 <input type="radio"/> Alternate Phone # 2 <input type="radio"/> Email <input type="radio"/> Morning <input type="radio"/> Afternoon 		
*Are you representing an organization/community group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide organization name		

Complaint Details		
<p>*Who is this complaint about? (please check one)</p> <p><input type="checkbox"/> The Regional Municipality of Durham (Durham Region)</p> <p><input type="checkbox"/> Other _____</p>		
<p>*If your complaint is about Durham Region, which Regional Departments/Divisions and contacts have been involved with your complaint?</p>		
<p><input type="checkbox"/> Corporate Services</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Legal Services</p> <p><input type="checkbox"/> Information Technology</p> <p><input type="checkbox"/> Legislative Services</p>	<p><input type="checkbox"/> Finance Department</p> <p><input type="checkbox"/> Financial Planning & Purchasing</p> <p><input type="checkbox"/> Financial Services (Water & Sewer Billing/Social Housing/Provincial Offences Act)</p> <p><input type="checkbox"/> Business Planning, Economic Studies & Risk Management (Property Tax Policy/Insurance & Risk Management)</p> <p><input type="checkbox"/> Financial Information Management Services</p>	<p><input type="checkbox"/> Health Department</p> <p><input type="checkbox"/> Public Health Nursing & Nutrition</p> <p><input type="checkbox"/> Environmental Health</p> <p><input type="checkbox"/> Infant & Child Development Services</p> <p><input type="checkbox"/> Oral Health</p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Emergency Medical Services</p>
<p><input type="checkbox"/> Planning & Economic Development Department</p> <p><input type="checkbox"/> Current Planning</p> <p><input type="checkbox"/> Strategic Planning</p> <p><input type="checkbox"/> Economic Development and Tourism</p>	<p><input type="checkbox"/> Social Services Department</p> <p><input type="checkbox"/> Children's Services</p> <p><input type="checkbox"/> Family Services</p> <p><input type="checkbox"/> Housing Services</p> <p><input type="checkbox"/> Income & Employment Support</p> <p><input type="checkbox"/> Long-Term Care and Services for Seniors</p> <p><input type="checkbox"/> Business Affairs & Financial Management</p>	<p><input type="checkbox"/> Transit</p> <p><input type="checkbox"/> Operations</p> <p><input type="checkbox"/> Maintenance & Equipment</p> <p><input type="checkbox"/> Customer Service Planning</p>
<p><input type="checkbox"/> Works Department</p> <p><input type="checkbox"/> Environmental Services (Water/Sewer)</p> <p><input type="checkbox"/> Transportation & Field Services (Roads)</p> <p><input type="checkbox"/> Support Services (Development Approvals/Facilities)</p> <p><input type="checkbox"/> Waste Management</p>	<p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Corporate Communications</p> <p><input type="checkbox"/> Durham Emergency Management Office (DEMO)</p> <p><input type="checkbox"/> CAO's Office (Accessibility/Sustainability/Corporate Policy)</p>	
<p>*Contact Name(s) _____ Extension _____</p>		

***Summary of the Complaint**

Please provide a summary of the details of your complaint, including any relevant dates.

***Steps Taken to Resolve the Complaint**

Please provide information regarding what steps you have taken to try to resolve your complaint (including any grievances, appeals, requests for reconsideration, relevant dates) and what responses you received.

***Suggested Resolution**

Please provide details of your suggested resolution to this matter.

***Supplementary Documents**

Are you submitting supplementary documents?

Yes

No

The completed form needs an original signature. Print the form, sign it and submit it to the Ombudsman as per the instructions at the top of this form.

***Signature**

***Date**

Personal information contained on this form is collected under the authority of the *Municipal Act, 2001*, subsection 223.13. The information will be used by the Ombudsman to respond to your complaint. Questions about this collection can be directed to the Office of the Ombudsman, by regular mail to ADR Chambers Ombuds Office, P.O. Box 1006, 31 Adelaide St. E., Toronto, Ontario, M5C 2K4, by fax at 877-803-5127 or by email at ombudsman@adr.ca

***Consent and Confidentiality Agreement**

You consent to the ADR Chambers Ombuds Office making inquiries on your behalf in investigating your complaint. You agree to provide all of the information and documentation in your possession that is necessary in order for the ADR Chambers Ombuds Office to investigate your complaint. The ADR Chambers Ombuds Office will have to share information with Durham Region in order to respond to complaints. Information you provide may also be disclosed in the final report issued by the Ombudsman. If you submit any information that you identify as confidential, the ADR Chambers Ombuds Office agrees to keep that information confidential. However, information you identify as confidential will not be shared with Durham Region and therefore cannot be taken into consideration when the Ombudsman makes a decision on the appropriate recommendation. Confidential information will not appear in the Ombudsman's final report.

You agree that if you should participate in legal proceedings relating to your dispute with Durham Region, you will not subpoena or call as a witness any employee, agent, director, officer or contractor of the ADR Chambers Ombuds Office. You also agree not to subpoena or seek production of any records, notes or work product of any employee, agent, director, officer or contractor of the ADR Chambers Ombuds Office.

***Signature**

***Date**