ADR CHAMBERS

Ombudsman - Complaint Submission Form for Complaints Regarding The City of Burlington

INSTRUCTIONS: Please submit the completed and signed Complaint Submission Form, including the Consent and Confidentiality Agreement (two signatures required on page 5), and copies of supporting documents to the Ombudsman by:

- fax to 1-877-803-5127 to the attention of the Ombudsman, or
- email (if scanned) to ombudsman@adr.ca

Office Use Only: ***Complaint Reference Number MUN-35288-1124***

*** 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:

- ○ Phone
- ○ Alternate Phone # 1
- ○ Alternate Phone # 2
- ○ Email

- ○ Morning
- ○ Afternoon

*Are you representing an organization/community group?

☐ Yes

☐ No

If yes, please provide organization name

Complaint Details

*Who is this complaint about? (please check one)

☐ The City of Burlington

☐ Local Boards

☐ Other _____

*Which City of Burlington Department(s) and contact(s) have been involved with your complaint?

☐**City Manager's Office (CMO)***	☐**City Auditor**	☐**Capital Works Department**
☐**City Clerk's Department**	☐**Finance Department**	☐**Fire Department**
☐**Human Resources Department**	☐**Information Technology Services Department**	☐**Legal Department**
☐**Parks & Recreation Department**	☐**Planning & Building Department**	☐**Roads & Parks Department**
☐**Transit Department**	☐**Transportation Services Department**	☐**Other**

*Contact Name(s) Extension(s)

*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 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 the City of Burlington (or its Local Boards if your complaint relates to them) 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 agrees to keep that information confidential. However, information you identify as confidential will not be shared with the City of Burlington 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 the City of Burlington, 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