Ombudsman - Complaint Submission Form for Complaints Regarding The Regional Municipality of Halton or The Halton Community Housing Corporation

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:

- 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***

*** 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 Regional Municipality of Halton (Halton Region)
- ☐ The Halton Community Housing Corporation (HCHC)
- ☐ Other _____

*If your complaint is about Halton Region, which Regional Departments/Divisions and contacts have been involved with your complaint?

☐ **CAO's Office** ☐ Internal Audit ☐ Strategic Integration and Government Relations	☐ **Finance Department** ☐ Budgets & Tax Policy ☐ Capital Development & Financing ☐ Financial Services & Payroll	☐ **Health Department** ☐ Community Health Services ☐ Health Protection ☐ Healthy Families ☐ Paramedic Services ☐ Public Health Services
☐ **Corporate Services** ☐ Capital Construction & Realty ☐ Communications ☐ Energy, Fleet & Facilities ☐ Human Resource Services ☐ Legal Services ☐ Supply Chain Management	☐ **Public Works Department** ☐ Engineering & Construction ☐ Infrastructure & Environmental Services ☐ Integrated Management Systems & Quality Assurance ☐ Waste Management ☐ Water & Wastewater Systems Services ☐ Water & Wastewater Treatment	☐ **Social & Community Services Department** ☐ Children's Services ☐ Employment & Social Services ☐ Equity, Diversity & Inclusion ☐ Housing Services ☐ Human Services Planning & Program Support ☐ Services for Seniors

☐**Digital & Information Services**

- ☐ Digital & Workplace Technology
- ☐ Digital Services & Data Management
- ☐ Business Solutions & Transformation

*Contact Name(s)	Extension
Contact Name(s)	Extension

*If your complaint is about HCHC, which HCHC services and contacts have been involved with your complaint?

☐**Property & Asset Management** Examples include: maintenance of property maintenance of units safety issues	☐**Operating & Administrative Support** Examples include: lease and rent issues community programs policies and procedures
*Contact Name(s)	Extension
Contact Name(s)	Extension

*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 Halton Region (or the Halton Community Housing Corporation if your complaint relates to it) 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 Halton Region or HCHC 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 Halton Region or HCHC, 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