

Office of the Ombudsman



Case Management Intake

COMPLAINANT			RESPONDENT		
PARTY MAKING INQUIRY IS A: ___ CITIZEN ___ AGENCY/DEPT. ___ BUSINESS ___ OTHER (SPECIFY):			ISSUE IS AGAINST: ___ CITIZEN ___ AGENCY/DEPT. ___ BUSINESS ___ OTHER (SPECIFY):		
YOUR NAME OR NAME OF AGENCY, ASSOCIATION OR BUSINESS			NAME OF AGENCY, ASSOCIATION, BUSINESS OR NEIGHBOR		
CONTACT PERSON			CONTACT PERSON		
MAILING ADDRESS			MAILING ADDRESS		
CITY	ST	ZIP CODE	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		PHONE	EMAIL ADDRESS	

Have you brought this issue to any other review body? Yes or No (circle)

Please provide details if you have presented this issue to another review body. Also, attach documentation of any rulings or recommendations levied by that body.

Privacy Statement

A copy of this form and relevant accompanying documentation may be sent to the respondent for their response. If there are reasons why this should not be done, please set them out below:

Office of the Ombudsman

Summary of complaint:

Please outline the issues of the complaint. Be as specific as possible. Provide relevant dates and the names of individuals you have contacted. If there is not enough space to describe your complaint you may attach an extra sheet(s) or a separate statement. Please include any documents such as letters, emails, or reports that are relevant to your complaint.

Outcomes

What outcome do you wish to achieve by submitting this issue to the Office of the Ombudsman?

Please check all that apply. Mediation Apology (written/verbal) Adequate Service Disciplinary Action Change in Policy or Procedure Explanation Other (please specify):

Attach a copy of the following items, if applicable:

- | | |
|------------------------------------|---|
| 1. Written contract | 4. Payments from respondent to date |
| 2. Invoice and/or credit agreement | 5. Notice to Owner/Notice of Non-payment |
| 3. Billing to respondent | 6. Any relevant documents or correspondence |

Upon receipt of a complaint, the Office of the Ombudsman will conduct a case review. The information submitted by both parties will be reviewed and then this office will proceed accordingly.

Signature _____ Date _____

How did you hear about the Ombudsman's Office?

Please check all that apply.

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Brochure
<input type="checkbox"/> Using Agency (specify):	<input type="checkbox"/> News Paper
<input type="checkbox"/> Event (specify):	<input type="checkbox"/> Television
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Used Office Previously