Office of the Ombudsman



Inquiry Intake

COMPLAI	NANT			RESPONDENT				
PARTY MAKING INQUIRY IS A:CITIZENAGENCY/DEPT (SPECIFY):				ISSUE IS AGAINST:CITIZENAGENCY/DEPTBUSINESSOTHER (SPECIFY):				
YOUR NAME OR NAME OF AGENCY, ASSO	OCIATION	OR BUSINESS	NAME OF AGENCY, A	NAME OF AGENCY, ASSOCIATION, BUSINESS OR NEIGHBOR				
CONTACT PERSON			CONTACT PERSON					
MAILING ADDRESS			MAILING ADDRESS					
CITY	ST	ZIP CODE	CITY	STAT		E		
PHONE	EMAIL AI	DDRESS	PHONE	EMAI	IL ADDRESS			
Have you brough No (circle) Please provide details if you ha rulings or recommendations lev	ve prese	ented this issue to						

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:

Privacy Statement

Office of the Ombudsman

Summary of events:

Please outl	ine the is	sues of the ir	nquiry. Be	as specific as	possible.	Provide rele	evant dat	tes and the	names of	individuals
you have co	ontacted.	If there is n	ot enough:	space to desc	ribe your is	ssue you ma	ay attach	an extra s	heet(s) or	a separate
statement.	Please i	nclude any d	ocuments s	uch as letters	, emails, o	r reports th	nat are re	elevant to y	our inquir	Ŋ.

Attach a copy of the following items, if applicable:

- 2. Invoice and/or credit agreement
- 3. Billing to respondent

- 4. Payments from respondent to date
- 5. Notice to Owner/Notice of Non-payment
- 6. Any relevant documents or correspondence

Upon receipt of the inquiry, the Office of the Ombudsman will review information submitted and contact the involved parties.

Signature	Date