

Office of the Ombudsman



## Case Management Intake Form

PHONE CALL <input checked="" type="checkbox"/> INQUIRY <input type="checkbox"/> COMPLAINT <input type="checkbox"/> ASSIST <input type="checkbox"/> TRANSFER <input type="checkbox"/> EMAIL <input type="checkbox"/> FILE # <input type="text"/> FOR INTERNAL USE ONLY					
<b>COMPLAINANT</b>			<b>RESPONDENT</b>		
PARTY MAKING INQUIRY IS A: ___CITIZEN ___AGENCY/DEPT. <input checked="" type="checkbox"/> BUSINESS ___OTHER (SPECIFY):			ISSUE IS AGAINST: ___CITIZEN <input checked="" type="checkbox"/> 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 your complaint:

**Please outline the issues of 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.**

[illegible]

## 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.**

___ Word of Mouth	___ Brochure
___ Using Agency (specify):	___ News Paper
___ Event (specify):	___ Television
___ Other (specify):	___ Used Office Previously