

**TORONTO Auditor General's Office Fraud and Waste Hotline Complaint Form**

Auditor General's Office  
 9th Floor, Metro Hall,  
 55 John Street  
 Toronto ON M5V 3C6

Telephone: 416-392-8030  
 Fraud and Waste Hotline: 416-397-STOP

Complete this Complaint Form if you wish to submit a complaint about fraud, waste or other wrongdoing involving City staff and resources. To help us review and evaluate your information for appropriate action, please provide detailed information regarding the nature of the allegations. Provide the full name of the person(s) involved, where, when and how often the activity has occurred. As well, please provide the names of other persons who may be aware of this activity.



**Date** incident(s) occurred (mm/dd/yyyy): \_\_\_\_\_

**Suspected Person(s) Involved:**

	Name	Telephone	Division and/or Address
1			
2			
3			

If there are others involved, please include their information in the Description of your complaint below.

**Description of your complaint: \*This is a required field.**

Please describe in your own words the fraud, waste or wrongdoing as it relates to the City of Toronto. Please be as specific as possible to help us review the matter including what, where, when, how and who else may be aware of the incident.

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**Additional questions:**

To ensure completeness of the information being provided, please take a moment to answer the following additional questions if the information has not already been provided in the previous box.

**Who?**

Have you identified the suspected person(s) involved in the event by providing information such as name, physical description, position and/or work area?

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**What?**

Have you fully explained the fraud, waste and/or wrongdoing?

Have you identified any equipment or vehicle involved in the event such as type, make, model, license plate number and/or particular markings?

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**Where?**

Have you identified the location where the event took place such as the City office, municipal address, intersection and/or any other details about the location?

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**When?**

Have you identified the exact time and date when the event took place?

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**How?**

How did you become aware of the event? Did you observe the event?

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**Other:**

Please enter any other information you would like to add.

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**Contact Information:**

Please provide your contact information in the event we require additional details or clarification on the information provided. Your identity will be kept confidential in accordance with the law.

**Your Full Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**(Optional):** I give consent to the disclosure of my identity, by the City of Toronto's Auditor General's Office for the purposes of enabling the investigation of allegations in this matter: Yes

**Notice of Collection**

*The Auditor General's Office collects personal information on this form under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136(c), the City of Toronto Municipal Code, Chapter 169, Article I, ss. 169-1, 169-2, 169-4 and City of Toronto By-Law No. 1083-2002.*

*The information will be used to assess the information provided, for contact purposes if clarification is required (subject to contact information being provided), and investigate as appropriate. Questions about this collection can be directed to the Auditor General's Office, Fraud & Waste Hotline Program, Metro Hall, 55 John Street, 9th floor, Toronto, Ontario M5V 3C6 or by telephone at 416-392-8030.*