

Tracking Number:	
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The City of Toronto aims to deliver exceptional, equitable, and accessible customer service. If customers are dissatisfied with the service they receive, the City wants to make it easy for them to make a complaint. Once a complaint has been made, customers should know what to expect. The purpose of this Complaints Tracking Form is to allow you (the complainant) to file your complaint and receive a tracking number for your reference.

Please note:

- Anonymous complaints cannot be accepted nor investigated
- Alternative procedures are available to employees to initiate complaints within the organization

The complainant may fill out pages 1 and 2, with help from City staff as necessary. City staff should fill out the rest of the form (pages 3, 4, and 5).

Contact Information

Date (yyyy-mm-dd)		
Name of complainant (first, last)		
Address		
City/Town	Province	Postal code
Home phone no.	Business phone no.	Mobile no.
E-mail		

Channel Reported (Check one option):

- In Person
- Phone
- Email
- Mail
- Fax

Summary of Complaint

Please record information on what happened, who was involved, dates, and times. Be as detailed as possible. If there is not enough space to describe the complaint, attach extra paper. Please attach any relevant documents such as letters or reports that are relevant to the complaint.

<p>Details</p>

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Service area or location of problem
Staff persons involved (if known and if applicable)
List of enclosures (include copies of any documentation in support of the complaint)

Complaint Type (check all that apply):

<input type="checkbox"/> Processes or Procedures	<input type="checkbox"/> Staff Conduct
<input type="checkbox"/> Access	<input type="checkbox"/> Timeliness of Service
<input type="checkbox"/> Outcome	
<input type="checkbox"/> Other (please describe)	

Desired Outcome (check all that apply):

<input type="checkbox"/> Explanation	<input type="checkbox"/> Apology (written/verbal)	<input type="checkbox"/> Disciplinary action
<input type="checkbox"/> Training/education for staff	<input type="checkbox"/> Conciliation	<input type="checkbox"/> Counselling/Mediation/Other Support
<input type="checkbox"/> Compensation	<input type="checkbox"/> Other (please describe)	

Timeline

The program staff involved will notify you within 15 business days of receiving the complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

Complaint Recipient:		Program Area:	
Email:		Phone no.:	

**Complainants can be given a copy of pages 1 and 2.
The rest of this form (pages 3, 4, and 5) should be completed by the City staff.**

Notice of Collection

Facilities Management Division collects personal information on this form under authority of the City of Toronto Act, 2006, s. 136(c) and the City of Toronto Municipal Code, Chapter 169, Article I, ss. 169-1, 169-2, and 169-4. The information you provide will be used to investigate the complaint and may be used for contact purposes. Questions about this collection can be directed to the Manager, Customer Support, City Hall basement, 100 Queen Street West, Toronto, ON, M5H 2N2 or by telephone at 416-397-0808.

While investigating your complaint, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the City of Toronto will only disclose your personal information to staff who require the information to perform the investigation and will not be shared with the person who is the subject of your complaint (if applicable). Your personal information will not be shared with anyone else unless you provide written consent for such sharing or where the City is compelled by law to do so.

Assessment

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Complaint Owner:		Program Area:	
Email:		Phone no.:	

Note: contact information of the complaint owner should be filled out whether or not the complaint is transferred.

Was the complaint transferred to another area? If yes, check the box, explain why the transfer was made, fill out the contact details of the complaint owner, and send a copy of pages 1 and 2 to the complaint owner.

Reason for transfer (if applicable):

Is the complaint misclassified (e.g., it is actually feedback, or a compliment, etc.)? If yes, check the box and notify the complainant. Date of notification (yyyy-mm-dd): _____

Is the complaint a duplicate? If yes, check the box, and notify the complainant. Date of notification (yyyy-mm-dd): _____

Is more detailed information required from the complainant? If yes, check the box and contact the complainant to request the necessary information. Date of info request (yyyy-mm-dd): _____

Tracking Number:

Details of Initial Internal Investigation

Notify complainant with service standards and process details.

Date of notification (yyyy-mm-dd): _____

Investigation Notes

Date (yyyy-mm-dd):

Outcome of Initial Internal Investigation, including steps for resolutionPerson and Role to
Complete Outcome:Target Date for Resolution
(yyyy-mm-dd):

Upon completion of this form to this point, send notification of the outcome to the complainant.

Date of Notification (yyyy-mm-dd):

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Details of Escalated Internal Investigation

Notify complainant with service standards and process details.

Date of notification (yyyy-mm-dd): _____

Supervisor or Manager:		Program Area:	
Email:		Phone no.:	

Reason for Escalated Internal Investigation

Please use the space below to explain why the Complainant did not accept the outcome of the Initial Internal Investigation of their complaint and therefore why they are now asking City staff to reinvestigate the matter.

Investigation Notes

Date (yyyy-mm-dd):

Outcome of Escalated Internal Investigation, including steps for resolution

Person and Role to Complete Outcome:		Target Date for Completion (yyyy-mm-dd):	
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Upon completion of this form, send notification of the new outcome to the complainant.

Date of Notification (yyyy-mm-dd):

Check this box if the complaint goes to external review, and attach any relevant documents.