

Complaint, Suggestion, Compliment

Tracking Number (Internal use only):

If you are dissatisfied with a divisional policy/procedure or with the quality of service provided, or wish to make a suggestion or compliment, use this form and complete both pages. A tracking number will be provided for your reference along with a response within 15 business days upon receipt of the form. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

- Anonymous complaints will not be accepted or investigated. If necessary, attach extra paper to complete your request.
- Attach any relevant documents (if applicable).
- Staff are required to strictly comply with all relevant legislation, municipal bylaws and City policies. In some cases, staff may be unable to resolve an issue to your satisfaction where the problem stems from legislative requirement, bylaw or City policy.

| Section 1. Contact Information | | |
|--|--------------------------------|---|
| Name (First, Last) | Date Submitted (yyyy-mm-dd) | |
| <input type="checkbox"/> Check this box if First Name and Last Name do not apply because the submitter has obtained a registered Birth Certificate or Change of Name Certificate bearing a single name. | | |
| Single Name (if applicable) | | |
| Property Address - for property tax and utility bills (Street Number, Street Name, Suite/Unit Number) | | |
| Roll Number or Utility Account Number, or Vehicle Licence Plate (for parking violations) | | |
| Only provide the information that would allow staff to contact you by your preferred method. How would you like to be notified? <input type="checkbox"/> Telephone <input type="checkbox"/> Business Email <input type="checkbox"/> Mail | | |
| Mailing Address (Street Number, Street Name, Suite/Unit Number) | | |
| City | Province | Postal Code |
| Telephone Number | Business Email (if applicable) | Business Telephone Number (if applicable) |
| Section 2. Summary of Complaint, Suggestion or Compliment | | |

Type of complaint (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Policy or Procedures | <input type="checkbox"/> Access to Service | <input type="checkbox"/> Timeliness of Service |
| <input type="checkbox"/> Outcome | <input type="checkbox"/> Staff Conduct | <input type="checkbox"/> Other |

How was the service provided?

- | | | | |
|------------------------------------|--------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Email | <input type="checkbox"/> Mail | <input type="checkbox"/> Fax |
|------------------------------------|--------------------------------|-------------------------------|------------------------------|

For in-person services, select the location:

- | | |
|---|---|
| <input type="checkbox"/> Scarborough Civic Centre | <input type="checkbox"/> East York Civic Centre |
| <input type="checkbox"/> North York Civic Centre | <input type="checkbox"/> Toronto City Hall |
| <input type="checkbox"/> Metro Hall | <input type="checkbox"/> York Civic Centre |
| <input type="checkbox"/> Etobicoke Civic Centre | |

Revenue Services – Complaints, Suggestions and Compliments

| | |
|--|--|
| Date the event occurred (yyyy-mm-dd) | Time of day the event occurred (if applicable) |
| I have included ___ number of pages of documentation with my submission. | |

Summary of Complaint, Suggestion or Compliment

Please record information on what happened, who was involved, dates, and times. Be as detailed as possible. If there is not enough space to record your comments below, complete your submission on additional paper and attach. Please include any documents such as letters or reports that are relevant to your complaint, suggestion or compliment.

For suggestions, please provide us with your comments on how we can further provide exceptional customer service. If you would like to compliment one of the employees, please do so below.

| |
|----------------|
| Details |
|----------------|

Section 3. Submit Form

Mail: City of Toronto
Revenue Services Division
Complaints, Suggestions and Compliments
5100 Yonge Street
Toronto, ON M2N 5V7

For in-person services at Inquiry and Payment Counters, visit toronto.ca/inquirypaymentcounters for hours of operation and location.

Internal use:

| | |
|-----------------------------------|---------------------------|
| Complaint Recipient (First, Last) | Section, Unit, Sub-Unit |
| Business Email | Business Telephone Number |

Revenue Services collects personal information on this form under legal authority of the Toronto Municipal Code, Chapter 169, Officials, City, Article I, City Manager, sections 169-1.1, 169-1.2, and 169-1.4. The information will be used to investigate the complaint and may be used for contact purposes. Questions about this collection can be directed to the Manager of Customer Service, Revenue Services Division at North York Civic Centre, Lower Level, 5100 Yonge Street, Toronto, Ontario, M2N 5V7, or by telephone at 416-395-1048.

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.