

Contact Information: Please fill out this form as completely as possible.

First name	Last name	
Address		
City	Province	Postal code

Please indicate how you would like us to contact you regarding your complaint. Please record the information in the area provided.

Standard mail at the above address	
Home phone	Business phone
Cell phone	
E-mail	

Acting as a Representative: If you are acting as a representative of another person who has a complaint, Insurance and Risk Management **may**, depending on the nature of the complaint, require written authorization from the person confirming permission to gather personal information from you. In filing this complaint are you acting as the agent or contact person of someone else (including a family member)?
___ Yes ___ No

Details of the complaint

If your complaint is related to an outstanding claim, please provide the claim number.

Service area/location of problem

Staff person(s) involved (if known and if applicable)

Nature of complaint (Please include as much detail as possible.)

How would you like to see your complaint resolved?

List of enclosed documents. (Please include copies, not originals, of any documentation in support of your complaint. Reminder: if wishing to remain anonymous, please mask or delete any personal identifying information from documents.)

Complainant's signature (Do not complete if making an anonymous complaint.)

Date

Notice of Collection

The City of Toronto's Insurance and Risk Management division 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 Supervisor, Claims, Insurance and Risk Management, City Hall, 100 Queen Street West, 5th Floor, East Tower, Toronto, ON M5H 2N2 or by telephone at 416-397-4212.