

## Housing Secretariat

Please fill out this form as completely as possible and return to:

**Housing Stability Services - Operations Support Lead, Housing Secretariat**

Metro Hall, 6th Floor, 55 John Street, Toronto, Ontario M5V 3C6

**Telephone:** 416-392-4126

FOR INTERNAL USE ONLY  
Tracking Number:

First Name <input style="width: 90%;" type="text"/>		Last Name <input style="width: 90%;" type="text"/>	
Street Number <input style="width: 80%;" type="text"/>	Street Name <input style="width: 90%;" type="text"/>		Suite/Unit Number <input style="width: 80%;" type="text"/>
City/Town <input style="width: 90%;" type="text"/>	Province <input style="width: 80%;" type="text"/>	Postal Code <input style="width: 80%;" type="text"/>	

Please indicate how you would like us to contact you regarding your complaint.

<b>By Mail:</b> Street Number <input style="width: 80%;" type="text"/>		Street Name <input style="width: 90%;" type="text"/>		Suite/Unit Number <input style="width: 80%;" type="text"/>
City/Town <input style="width: 90%;" type="text"/>	Province <input style="width: 80%;" type="text"/>	Postal Code <input style="width: 80%;" type="text"/>		
<b>By Home Telephone:</b> <input style="width: 90%;" type="text"/>		<b>By Cell/Mobile Phone:</b> <input style="width: 90%;" type="text"/>		<b>By Business Telephone:</b> <input style="width: 80%;" type="text"/>

**Acting as a Representative:** If you are submitting a complaint on behalf of someone else, the Housing Secretariat may, depending on the nature of the complaint, require written permission from that person to gather personal information from you.

**Yes**    **No**   In filing this complaint, are you acting as a representative of someone else?

Name of person acting on behalf of complainant (First, Last) <input style="width: 90%;" type="text"/>
Name of person to be contacted (First, Last) <input style="width: 90%;" type="text"/>

**Complaint Details:** (For purpose of review and corrective action)

Service: Housing Stability Services; Housing Development; Other (please specify) <input style="width: 90%;" type="text"/>
Staff person(s) involved if known: <input style="width: 90%;" type="text"/>

Nature of complaint (Please include as much information as possible)

[Redacted]

How would you like to see your complaint resolved?

[Redacted]

List of enclosed documents. (Please include copies, not originals, of any documentation in support of your complaint.)

[Redacted]

Complainant Signature

[Redacted]

Date Complaint Submitted (yyyy-mm-dd)

[Redacted]

Housing Secretariat collects personal information on this form under the 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 you provide will be used to investigate the complaint and may be used for contact purposes related to the investigation. Questions about this collection can be directed to the Housing Stability Services - Operations Support Lead, Housing Secretariat, Metro Hall, 6th Floor, 55 John Street, Toronto, Ontario M5V 3C6 or by telephone at 416-392-4126.