

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.

Tracking Number:

Please note:

- Anonymous complaints may not be investigated.
- Alternative procedures are available to employees to initiate complaints within the organization.
- Complaint procedures related to harassment and/or discrimination are available for all City employees and service recipients at [Human Rights Office Complaint Policy](#).

Section A: To be completed by Complainant

Contact Information

First Name		Last Name	
Address			
City/Town		Province	Postal code
Home phone	Business phone	Mobile phone	E-mail

Channel Reported

Check one box only.				
<input type="checkbox"/> In Person	<input type="checkbox"/> Phone	<input type="checkbox"/> Electronic	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax

Summary of Complaint

Please record information about **what** happened, **who** was involved, what **actions** occurred, **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.

Tracking Number:

Summary of Complaint

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"/> Timeliness of Service	<input type="checkbox"/> Staff Conduct
<input type="checkbox"/> Equity and Diversity	<input type="checkbox"/> Accessibility/ Access	<input type="checkbox"/> Outcome
<input type="checkbox"/> Other (please describe)		

Desired Outcome

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Timeline

The program staff involved will notify you within 1 to 3 calendar 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		Date
Program Area	E-mail	Phone Number

Notice of Collection

City Manager's Office 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 Director, Executive Management, 100 Queen Street West, 11th Floor East Tower, Toronto, ON M5H 2N2 or by telephone at 416-392-4995

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.

Tracking Number:

Section B: To be completed by City Staff

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

Initial Internal Investigation

Complaint Owner		Program Area
Date Received (yyyy-mm-dd)	Email	Phone Number
<p>Was the complaint transferred to another area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, 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.</p>		
Reason for transfer (if applicable)		
<p>Is the complaint misclassified (e.g., actual feedback, compliment, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate the date of notification Date (yyyy-mm-dd):</p>		
<p>Is the complaint a duplicate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate the date of notification Date (yyyy-mm-dd):</p>		
<p>Is more detailed information required from the complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, contact the complainant to request the necessary information Date (yyyy-mm-dd):</p>		
Indicate date complainant was notified of service standards and process details Date (yyyy-mm-dd):		

Investigation Notes

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	Date (yyyy-mm-dd):
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Tracking Number:

Outcome of Initial Internal Investigation

Include steps for resolution.

Date (yyyy-mm-dd):

Name of person who has completed Outcome	Role of person	Target Date for Resolution

Upon completion of the Initial Internal Investigation, send notification of the outcome to the complainant.

Date of Notification:

Tracking Number:

Escalated Internal Investigation

Notify complainant including service standards and process details. Date of notification:

Director Gwen McIntosh	Program Area Executive Management
Email Address mcintosh@toronto.ca	Phone Number 416-392-4995

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.

Tracking Number:

Investigation Notes

Date (yyyy-mm-dd):

Outcome of Escalated Internal Investigation

Include steps for resolution.

Name of person who has completed Outcome	Role of person	Target Date for Resolution
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Upon completion of the investigation process, send notification of the new outcome to the complainant.

Date of Notification:

External Review

Check this box if the complaint goes to external review. Attach any relevant documents.