

The Corporation of the City of Windsor Hotline Complaint Information Form

Please fill out the following form to assist us in gaining further knowledge about your complaint. The purpose of this form is to provide the basic information needed to conduct an assessment such that the hotline is used appropriately to report on potential fraud, misuse and/or waste of city.

Please fill out all mandatory fields with an *.

*Surname: _____ *First Name: _____

*Address: _____

*Street

*City *Province *Postal Code

*Home Phone #: _____

*Work Phone #: _____

*Cellular Mobile Phone #: _____

*Email address: _____

*Please select the method you'd like us to contact you by:

- Home phone
- Work phone
- Cellular mobile
- Email

*Please select what language you'd like to be contacted in:

- English
- French

*Please select the best time of day to contact you at:

- Morning (9:00am - 12:00pm)
- Afternoon (1:00pm - 4:30pm)

Please name the City department, agency, board, or commission your complaint is about:

If your complaint is in connection with an individual at one of the City departments, agencies, boards, or commissions, please provide their first and last name.

*Does your complaint relate to?

- Fraud
- Waste of City assets
- Mis-use of City assets
- None of the above / I don't know

*Please summarize what steps you have taken to try and resolve your complaint:

Thank you for completing The Corporation of the City of Windsor Concerned Citizen Form. You will be hearing from one of our representatives within 2 - 3 weeks. If you have any questions regarding the form please contact the Hotline team at 519-985-8945 or email **city.of.windsor.concerned.citizen.hotline@ca.pwc.com**.

The Corporation of the City of Windsor Concerned Citizen Form can be returned in any one of the following ways:

By Mail:

City of Windsor Concerned Citizen Hotline, P.O. Box 1151, Windsor, Ontario, N9A 6P8

By Email:

city.of.windsor.concerned.citizen.hotline@ca.pwc.com.

The Hotline hours of work are Monday to Friday, 9:00 a.m. to 4:30 p.m. (EST).

Please check-off one of the following:

I choose to remain **anonymous** and would not like any information I provide to be linked to my identity.

I choose to remain **non-anonymous** and give permission to Internal Audit to link the information I provide to my identity.

Full Name (Print)

Signature

Date