



Exhibition Place

EXHIBITION PLACE COMPLAINT FORM

Complaint Tracking No. _____

Date (dd-mm-yyyy):		
Name of complainant (first, last):		
Address:		
City/Town:	Province:	Postal Code:
Home phone:	Business Phone:	Mobile Phone:
E-Mail:		

Channel Reported (Check one option)

In Person	<input type="checkbox"/>
By Telephone	<input type="checkbox"/>
Electronic	<input type="checkbox"/>
Mail	<input type="checkbox"/>
Fax	<input type="checkbox"/>

Summary of Complaint (to be completed by Complainant)

Please record information on 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.

Details and Dates
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"/> Equity, Diversity & Access Standard	<input type="checkbox"/> Staff Conduct
<input type="checkbox"/> Access	<input type="checkbox"/> Timeliness of Service	<input type="checkbox"/> Outcome
<input type="checkbox"/> Other (please describe)		

Desired Outcome:

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Timeline

The Senior Management Team Member involved will notify you within 1 to 3 calendar days of receiving your complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

Complaint Recipient:		Service Area:	
Email:		Phone No.:	

Notice of Collection

The Corporate Secretary'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 1, 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 the Freedom of Information & Privacy Officer, General Services Building, Exhibition Place, Toronto, ON, M6K 3C3 or by telephone at 416-263-3658.

While investigating your complaint, in accordance with the Municipal Freedom of Information and Protection Privacy *Act* (MFIPPA), Exhibition Place 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 Exhibition Place is compelled by law to do so.

Details of Expanded Review Process

(to be completed by Senior Management Team Member)

Date Received:			
Complaint Owner:		Service Area:	
Email:		Phone Number:	

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

- Was the complaint transferred to another area? If yes, check the box, 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.

Reason for transfer if applicable:

- Is the complaint misclassified (e.g. it is actually feedback, or a compliment, etc.) If yes, check the box and, notify the complainant.
Date of notification (dd-mm-yyyy)_____
- Is the complaint a duplicate? If yes, check the box, and notify the complainant.
Date of notification (dd-mm-yyyy)_____
- Is more detailed information required from the complainant? If yes, check the box and contact the complainant to request the necessary information.
Date of notification (dd-mm-yyyy)_____

Details of Initial Internal Investigation

Notify complainant with service standards and process details.

Date of notification (dd-mm-yyyy)_____

Investigation Notes

Date (dd-mm-yyyy)

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Outcome of Initial Internal Investigation, including steps for resolution

Person & Role to Complete Outcome:		Target Date for Resolution: (dd-mm-yyyy)	

Upon completion of this form to this point, send notification of the outcome to complainant.

Date of Notification (dd-mm-yyyy)

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Details of Escalated Internal Investigation

Notify complainant with service standards and process details.

Date of notification (dd-mm-yyyy)_____

Senior Management Team Member		Service Area:	
Email		Phone Number	

Reason for Expanded Review Process

Please use the space below to explain why the Complainant did not accept the outcome of the initial investigation of their complaint and therefore why they are now asking Exhibition Place to expand the review.

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Investigation Notes

Date (dd-mm-yyyy)

Outcome of Escalated Internal Investigation, including steps for resolution

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Person & Role to Complete Outcome:		Target Date for Completion (dd-mm-yyyy)	
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Upon completion of this form, send notification of the new outcome to the complainant.

Date of Notification (dd-mm-yyyy)
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Check this box if the complaint goes to external review, and attach any relevant documents.

PLEASE EMAIL COMPLETED FORM TO FATIMA SCAGNOL AT FSCAGNOL@EXPLACE.ON.CA