

REQUEST FOR NCC OMBUDSMAN INTERVENTION / INVESTIGATION



PROTECTED when completed. The personal information that you provide will only be used by the National Capital Commission Ombudsman in order to collect information on the complaint being submitted. The information is protected under the *Privacy Act* and will be maintained under Personal Information Bank "National Capital Commission Ombudsman" (Bank number NCC PPU079). Under the *Privacy Act*, you have the right to access your personal information, request corrections if you believe that some personal information is erroneous or incomplete, and add a notation to the information in issue. You can rest assured that the information will not be used for unauthorized purposes.

YOU HEREBY AUTHORIZE THE NATIONAL CAPITAL COMMISSION (NCC) OMBUDSMAN TO OBTAIN AND USE PERSONAL INFORMATION PERTAINING TO YOU AND TO COMMUNICATE SUCH INFORMATION TO PERSONS TO WHOM THE OMBUDSMAN DEEMS IT IS NECESSARY TO DO SO, IN ORDER TO INVESTIGATE AND/OR PROCEED YOUR REQUEST.

IF, AT THE END OF THE PROCESS, A RECOMMENDATION IS ISSUED, IT WILL BE FORWARDED TO YOU IN WRITING AND COPIES WILL ALSO BE FORWARDED TO THE BOARD OF DIRECTORS, THE CEO AND THE RESPONSIBLE NCC VICE-PRESIDENT.

1. COMPLAINANT CONTACT INFORMATION (Mandatory)

Last Name or Company Name:		First Name:
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Work or Mobile Phone:	Fax Number:
Email Address:		

2. DESCRIBE YOUR COMPLAINT (Mandatory - If you need more space, attach a separate sheet of paper)

3. NCC BRANCH CONCERNED (If you know it)

4. HOW DID THE NCC BRANCH OFFER TO RESOLVE YOUR COMPLAINT (Mandatory)

5. LIST THE NAMES OF ALL NCC REPRESENTATIVES WITH WHOM YOU HAVE DEALT WITH TO DATE WITH REGARD TO THIS COMPLAINT. ALSO CONFIRM IF YOU CONTACTED THE CEO'S OFFICE OR THE BOARD OF DIRECTORS

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

6. PROVIDE A COPY AND LIST ALL RELEVANT CORRESPONDENCE AND DOCUMENTS

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

7. DESCRIBE THE OUTCOME YOU BELIEVE IS FAIR (Mandatory)

8. SIGNATURE

The information provided is accurate to the best of my knowledge. I understand that the Ombudsman will not disclose any details of my complaint to any party who is not essential to the investigation.

Signature _____ Dated _____
Day/Month/Year

9. CONFIDENTIAL INFORMATION FOR STATISITICAL PURPOSES ONLY (Not Mandatory)

Your Age Group: 18-25 26-50 51-64 65 and over

How did you find out about the NCC Ombudsman? _____

Are you a member of one or another of these groups?

	YES	NO	
Woman	<input type="checkbox"/>	<input type="checkbox"/>	
Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	
Visible Minority	<input type="checkbox"/>	<input type="checkbox"/>	If so, which one? _____
Are you?	Canadian <input type="checkbox"/>	Other <input type="checkbox"/>	If other, which nationality? _____

YOU MAY SUBMIT YOUR REQUEST AS FOLLOWS:

DO NOT FORGET TO PROVIDE A COPY OF ALL RELEVANT DOCUMENTS. THANK YOU.

- By **mail** or by **hand delivery** to Suite 310, 40 Elgin, Ottawa, ON K1P 1C7
- By **fax**: 613-947-4311
- By **email**: info@ombudsman.ncc-ccn.ca