

Office of the Ombudsman



Inquiry Intake

COMPLAINANT			RESPONDENT		
PARTY MAKING INQUIRY IS A: ___CITIZEN ___AGENCY/DEPT. ___BUSINESS ___OTHER (SPECIFY):			ISSUE IS AGAINST: ___CITIZEN ___AGENCY/DEPT. ___BUSINESS ___OTHER (SPECIFY):		
YOUR NAME OR NAME OF AGENCY, ASSOCIATION OR BUSINESS			NAME OF AGENCY, ASSOCIATION, BUSINESS OR NEIGHBOR		
CONTACT PERSON			CONTACT PERSON		
MAILING ADDRESS			MAILING ADDRESS		
CITY	ST	ZIP CODE	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		PHONE	EMAIL ADDRESS	

Have you brought this issue to any other review body? Yes or No (circle)

Please provide details if you have presented this issue to another review body. Also, attach documentation of any rulings or recommendations levied by that body.

Privacy Statement

A copy of this form and relevant accompanying documentation may be sent to the respondent for their response. If there are reasons why this should not be done, please set them out below:

