OFFICE OF THE OMBUDSMAN

214 North Hogan Street, 8th Floor
Jacksonville, FL 32202
Phone: 904.255.8718
Fax: 904.255.8265
ombudscomplaint@coj.net
jacksonville.gov/departments/office-of-administrative-services/ombudsman

INTAKE FORM

☐ **Inquiry** ☐ **Complaint**

COMPLAINANT

☐ Agency/Dept ☐ Business/Supplier ☐ Other (Specify):

Name:
Contact Person:
Mailing Address:
Phone Number:
Email Address:

RESPONDENT

☐ Agency/Dept ☐ Business/Supplier ☐ Other (Specify):

Name:
Contact Person:
Mailing Address:
Phone Number:
Email Address:

Have you brought this issue to any other review body? ◯ Yes ◯ No

Please provide details below 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:

Summary of complaint

Please outline the issues of the complaint. Be as specific as possible. Provide relevant dates and the names of individuals you have contacted. If there is not enough space to describe your complaint you may attach a separate statement. Please include any documents such as letters, emails, photos or reports that are relevant to your complaint.

Outcomes

What outcome do you wish to achieve by submitting this issue to the Office of the Ombudsman? Please check all that apply:

- ☐ Mediation
- ☐ Adequate Service
- ☐ Disciplinary Action
- ☐ Other (please specify):
- ☐ Apology (written/verbal)
- ☐ Change in Policy or Procedure
- ☐ Explanation

Attach a copy of the following items, if applicable:

- Written contract
- Payments from respondent to date
- Invoice and/or credit agreement
- Notice to Owner/Notice of Non-payment
- Billing to respondent
- Any relevant documents or correspondence

Upon receipt of a complaint, the Office of the Ombudsman will conduct a case review. The information submitted by both parties will be reviewed and then this office will proceed accordingly.

Signature **Date**

How did you hear about the Ombudsman's Office? Please check all that apply.

- ☐ Word of Mouth
- ☐ Brochure
- ☐ Using Agency (specify):
- ☐ News Paper
- ☐ Event (specify):
- ☐ Television
- ☐ Other (specify):
- ☐ Used Office Previously