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.

*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 t ☐ Home phone ☐ Work phone ☐ Cellular mobile ☐ Email	o contact you by:	
*Please select what language you'd like t □English □French	o be contacted in:	
*Please select the best time of day to co ☐ Morning (9:00am - 12:00pm) ☐ Afternoon (1:00pm - 4:30pm)	ntact you at:	
Please name the City department, agenc	y, board, or commission your complaint is about:	
If your complaint is in connection with ar please provide their first and last name.	n individual at one of the City departments, agencies, l	boards, or commissions,
*Does your complaint relate to?		
☐ Fraud ☐ Waste of City assets		
☐ Mis-use of City assets		
None of the above / I don't know		

*With respect to the complaint, please summarize the matter you are reporting and include any relevant dates, approximate of the potential financial impact and names of people you have spoken with:		
*Do you have any evidence that support your allegations (e.g., receipts, emails, audio, visual recordings)? □Yes □No		
If you do have evidence, please describe:		

d resolve your complaint:

Windsor Concerned Citizen Form. You will be hearing from one you have any questions regarding the form please email
en Form can be returned in any one of the following ways:
1, Windsor, Ontario, N9A 6P8
m. to 4:30 p.m. (EST).
y information I provide to be linked to my identity.
ion to Internal Audit to link the information I provide to my
 Date