



Please fill out Section 2 of this document and send it to the NFDBM Office **Attention: Professional Standards Committee** with your complaint letter.

The BIA is committed to an open and fair platform and has put a process in place to invite open dialogue when there is a concern, complaint or grievance of the activities of the NFDBM. When a complaint is received, it is investigated and appropriate action is taken.

*You may register your complaint by contacting the Administrative office at 905-356-5444 or file the complaint in person at 4342 Queen Street, Suite 102 (Hatch Building) Niagara Falls, ON L2E 7J7 or online [info@queenstreetniagara.com](mailto:info@queenstreetniagara.com)*

The NFDBM keeps the identity of every complainant confidential unless the complainant has agreed to be identified.

### **Submitting Your Complaint:**

Please remember that as a complainant, you must provide the following information when filing a complaint:

- Name, address and telephone number
- Complaint location (address)
- A satisfactory explanation of the complaint, including any details that may assist the investigating NFDBM member
- A summary of when and where the problem/infraction is occurring
- If the complaint pertains to the condition of a business or property, and, details confirming that the landlord or business owner has been recently advised about the problem and that it has not been corrected
- Anonymous complaints will be given a lower priority status and acted upon immediately only if there is an immediate health and safety related concern

### **Notification of Request for Review:**

The BIA will notify the parties of the complaint and request a review of the issue described. They will have 7 business days to respond to the **Professional Standards Committee** and a review will be scheduled.

### **Review Decision:**

If the Committee renders a decision calling for action it will set a deadline for the corrective action. The decision must be agreed upon by quorum plus one and results available on request.

### **Appeal:**

Should either the partners disagree with the decision, either may file for a complaint with Ontario Ombudsman. The decision of the Ontario Ombudsman is final.

**Submitting A Complaint**

Fill out and send to the NFDBM office. You may also include a cover letter, photos and related documents.

**COMPLAINANT** First \_\_\_\_\_ Last \_\_\_\_\_ Company (if Applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Prov, \_\_\_\_\_ Postal \_\_\_\_\_

Representative \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, Prov, Postal \_\_\_\_\_

By requesting the Committee to review the matter which is the subject of this Application the complainant agrees:

- That the matter is submitted in an effort to settle and resolve a dispute and accordingly all writings, communication and observations of the Committee and its members and are at all times to be maintained in a confidential manner; and
- That the complainant expressly releases the Committee and the NFDBM and its affiliates, agents and employees from any and all claims, liabilities or damages relating in any way to complainants participation in such review by the Committee.

Complaint Type:

Website Date: \_\_\_\_\_  Municipal Act (2001) Section: \_\_\_\_\_  Queen Street Event Date: \_\_\_\_\_

Facebook Date: \_\_\_\_\_  Twitter Date: \_\_\_\_\_  Instagram Date: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Nature of Complaint**

Use this section to list your complaints. Please list the complains A complaint, should include specific information

| #  | Alleged Violation | Location | Reference |
|----|-------------------|----------|-----------|
| 1  |                   |          |           |
| 2  |                   |          |           |
| 3  |                   |          |           |
| 4  |                   |          |           |
| 5  |                   |          |           |
| 6  |                   |          |           |
| 7  |                   |          |           |
| 8  |                   |          |           |
| 9  |                   |          |           |
| 10 |                   |          |           |