

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CONTRACTING & PROCUREMENT



OCP OMBUDSMAN IN-TAKE FORM

(add up to 2 pages if necessary)

Date: _____

Complainant Name: _____

Complainant Firm: _____

Contact Information: e-Mail _____ Telephone _____

Nature of this filing: Inquiry Suggestion Suspected Process Flaw Other:

Brief description of the matter, please be specific and report only the facts as you know them:

Desired Action/Outcome:

Who have you attempted to resolve this matter with and what was the outcome?

For OCP Use Only

OCP Investigator: _____ Date Assigned: _____ Date Closed: _____

Disposition/Recommendation:
