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:
_____________________________________________________________________________________
_____________________________________________________________________________________
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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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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