

# Claim Report

City of Mississauga  
Legal Services  
Risk Management  
300 City Centre Drive  
Mississauga, Ontario L5B 3C1  
Tel.: 905-615-3200 ext. 3922  
Fax: 905-896-5267  
claims.risk@mississauga.ca



Personal information on this form is collected under the authority of the *Municipal Act 2001*, S.O. 2001, C.25 and will be used to process your claim with the City of Mississauga. Questions about the collection of this personal information should be directed to Risk Management, 300 City Centre Drive, Mississauga, ON L5B 3C1. Tel. 905-615-3200 ext. 3922.

**NOTE: There is a 10 day notice period for providing the City with notice of certain types of claims and a two-year limitation period for bringing an action against a municipality in respect to all claims. Please provide/attach photos, invoices, and any other relevant documentation in support of your claim along with this claim form.**

## Personal Information of Claimant

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Unit No.)	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Alternate Contact Information (if applicable)

First Name	Middle Initial	Last Name	Relationship to Claimant (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Unit No.)	Street No.	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Incident Information

Incident Date (YYYY MM DD)	Time of Incident
<input type="text"/>	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
Incident Location or Description (including address if known)	
<input type="text"/>	
Closest Intersection or Reference Point	
<input type="text"/>	
Other	
<input type="text"/>	
Description of Incident	
<input type="text"/>	

**Description of Property Damage or Injuries****Reporting Information**

Officer's Name

Badge #

Occurrence #

Is this your first report of this incident to the City?

☐ Yes ☐ No

If no, identify the employee or section report was made to

**Witness Information**

First Name

Middle Initial

Last Name

Address (Unit No.)

Street No.

Street Name

City

Province

Postal Code

Home Phone

Alternative Phone

Email Address

**Remedies Sought**

What would you like the City to do?

**Any Additional Information**

Calling Customer Service to report an issue is not the same as filing a claim. All claims need to be submitted in writing to the City and using this form.

Complaints reported to the City, such as 311 or MiWay Customer Service, allows you to report a specific issue. For example, the location of a pothole. The City will create a case for the issue and provide you a reference number. This number allows you to follow up on the case, for example, to see if the pothole has been repaired. This is not filing a claim and is only reporting the issue. Please refer to <https://www.mississauga.ca/contact-us/make-a-complaint/>

**NOTICE OF UNDERSTANDING**

I understand that the use of profanity, abuse, threat, cyber bullying, or any other inappropriate behaviour may cause City of Mississauga staff to provide no further contact, support, or consideration of this claim. By signing this form, I approve and understand that if a third-party had control of the area where the incident took place, this form will be directed to the third-party for its investigation and handling.

**THE INFORMATION PROVIDED HEREIN IS TRUE. I UNDERSTAND THAT FRAUDULENT CLAIMS COST ALL TAXPAYERS, AND FOR THIS REASON, ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW AND AT THE SOLE DISCRETION OF THE CITY.**

Name (this will be your Signature)

Date (YYYY MM DD)

Email the completed form to: [claims.risk@mississauga.ca](mailto:claims.risk@mississauga.ca) or print and fax it to 905-896-5267.