

Public Complaint Form

Complaint Contact Information:

Full Name: _____

Name of Organization (if applicable): _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email address: _____

Details About Your Complaint:

- 1. Please describe the complaint in detail, along with where and when it occurred and the names of any witnesses.**

2. How would you like to resolve this complaint?

3. List and attached copies of any supporting documents you think we should know about.

Privacy:

I understand that, the complaint that I have submitted and all the documents I have provided will be shared with the Municipalities employees, Administration and Members of Council to allow him/her to respond to the complaint, unless the disclosure breaches the Confidentiality of neutral third parties in which case the provisions of *The Freedom of Information and Protection of Privacy Act*, will need to be addressed.

Signature

Date