

COMPLAINT FORM

Schedule 'A'

NAME:

MAILING
ADDRESS:

TELEPHONE:

E-MAIL
ADDRESS:

Please outline your complaint/issue, including relevant dates, times, location and background information that might include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc. Attach additional pages if required.

Please offer any suggestions as to how this complaint can be resolved or the situation improved.

Attach additional pages if required.

COMPLAINANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Complaint #

Received By:

Date:

Forwarded To:

Date:

Acknowledgement Letter

Date Sent: _____

Staff Sender: _____

Additional Correspondence

Date Sent: _____

Staff Sender: _____

SUMMARY OF ACTION TAKEN

Final Decision Letter

Date Sent: _____

Staff Sender: _____

Copies Filed with CAO

Initial Complaint

Acknowledgement Letter

Additional Correspondence

Final Decision Letter

Additional comments:

Thank you for taking the time to express your concern. We will provide a response within thirty (30) calendar days of receiving your complaint.

For questions about the process, please contact:

Nicole Gourlay, Clerk Administrator (705) 636 7752 nicole.gourlay@townofkearney.ca 8 Main Street, PO Box 38, Kearney ON P0A 1M0