

TOWNSHIP OF SABLES-SPANISH RIVERS

COMPLAINT FORM

Date (DD/MM/YY): _____ Time: _____

Complainant Name: _____

Address: _____ Town: _____

Postal Code: _____ Home Phone / Cell Phone: _____

Email Address: _____

What is your preferred method of communication: _____

Description of Complaint: (Please include details of the matter such as date(s), time(s), location, and background information about the matter. Please use the back of this form if further space is required. Additional information such as relevant photographs can be attached to this form.)

Signature of Complainant: _____

(Please note: Unsigned and/or incomplete forms will not be processed. Any complaints received electronically are deemed to be signed).

Thank you for taking the time to inform us of your concerns. As per the Township of Sables-Spanish Rivers Complaint Policy, a response to your complaint will be provided within thirty (30) business days of the receipt of the complaint. If you have any questions or concerns during the process please contact the Township Office.

FOR ADMINISTRATIVE USE ONLY

Complaint Received by: _____ Date(DD/MM/YY): _____

Department Forwarded to: _____

Acknowledgement of Complaint

Complaints will be acknowledged within five (5) business days of receipt of complaint. Complaints received electronically, will be acknowledged by email.

Complaints received in person may be acknowledged at the point of service by the staff member receiving the form or will be acknowledged by letter.

Acknowledgement Date: _____ Acknowledgement Method: _____

Staff Signature: _____

Notice of Collection: The personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used to receive and investigate public complaints. Questions about this collection can be directed to the Municipal Clerk.