

# FORMAL COMPLAINT FORM

COMPLAINANT INFORMATION	
Full Name	Report completed by <i>(if different from complainant)</i>
Phone Number	Email Address
EVENT INFORMATION	
The specific details of your complaint	
Where it occurred (if applicable)	
Date and time of occurrence	
Who was involved	
What outcome is being sought	
ACKNOWLEDGEMENT	
<p><b>Disclaimers</b></p> <p>a) Complaints received anonymously, or on behalf of an unidentified third party, or with an incomplete Formal Complaint Form, will not be addressed. The client will be notified where possible.</p> <p>b) All formal complaints will be dealt with in a confidential manner according to the <i>Municipal Freedom of Information and Protection of Privacy Act</i>. Information will be collected, used, and disclosed in accordance with the Act.</p>	
Date	Signature
<p><b>Submit your completed form to:</b></p> <p>Chief Administrative Officer            By e-mail: <a href="mailto:jbarbeau@westnipissing.ca">jbarbeau@westnipissing.ca</a>            By mail or in-person: Municipality of West Nipissing, 101 - 225 Holditch St., Sturgeon Falls, ON P2B 1T1            By Fax: 705-753-3950            For more information, please call: 705-753-2250</p>	