

## FORMAL COMPLAINT FORM

### COMPLAINANT INFORMATION

Full Name

Report completed by *(if different from complainant)*

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

#### Disclaimers

- 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.
- b) All formal complaints will be dealt with in a confidential manner according to the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be collected, used, and disclosed in accordance with the Act.

Date

Signature

#### Submit your completed form to:

Chief Administrative Officer

By e-mail: [mpilon@westnipissing.ca](mailto:mpilon@westnipissing.ca)

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