



Municipality of Meaford

21 Trowbridge Street West

Meaford ON, N4L 1A1

519-538-1060

Formal Complaint Form

Please complete the following fields with as much information as possible regarding your complaint. Please note that you must complete all fields, including personal details, in order for your complaint to be investigated.

Complainant Details

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Complaint Details

What is your complaint about?

Which category(s) does your complaint fall under?

Employee

Program

Facility

Service

Have you attempted to resolve your complaint informally with the department concerned?

Yes

No

Please turn over

Disclaimer:

This information is collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the Municipal Complaints Policy. The identity of the complainant and any associated personal information that could lead the complainant to be identified will be made known only to those who require the information to assess the complaint effectively.

Please give as much detail as possible about your complaint, including specific dates/times, location and background information as appropriate. Please list the municipal employees that you have discussed this matter with. Further information such as photographs or correspondence can be submitted with this form.

How could this situation be improved?

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Complaint Number: _____

