

TOWNSHIP OF GREATER MADAWASKA

Complaint Form

No: _____

Date: _____ Time: _____

Service area: Public Works Finance
Waste Buildings/Facilities
Fire Other Explain _____

Complaint/Comment:

Attachments Included For More Detail? YES NO

Taken by: _____ Department: _____

Forwarded to: _____ Date: _____

Date/Response/Action by Department Head:

Checked by CAO: _____ Date: _____

See Back For Complainant Contact Information

Complainant Contact Information

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Please forward all documented complaints to the Department Manager for processing.

Personal information collected is for office use only and will not be shared with the public.