

**TOWNSHIP OF GREATER MADAWASKA**  
Complaint Form

No: \_\_\_\_-2018

**COMPLAINANT CONTACT DETAILS**

First name:	Last name:
E-mail address	
Mailing address:	Phone number:

**Service area:**

- |              |                          |                       |  |
|--------------|--------------------------|-----------------------|--|
| Public works | <input type="checkbox"/> | Finance               | <input type="checkbox"/>               |
| Waste        | <input type="checkbox"/> | Buildings/ Facilities | <input type="checkbox"/>               |
| Fire         | <input type="checkbox"/> | Other                 | <input type="checkbox"/> Explain _____ |

**Summary of Complaint**

Please record the information on what happened, including the staff involved (if known), date and time. Be as specific as possible. You may attach other documents to the letter.

Details:

See back for more information

**Attachments include:** Yes  No

List attached items:

**Signature**

Complainant's Signature

Date complaint submitted (mm/dd/yyyy)

**Internal Use**

Taken by: \_\_\_\_\_

Department: \_\_\_\_\_

Forwarded to: \_\_\_\_\_

Date: \_\_\_\_\_

**Date/ Response/ Action by Department Head**

CAO Approval: \_\_\_\_\_

Date: \_\_\_\_\_