

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: _____
Forwarded to: _____

Department: _____
Date: _____

Date/ Response/ Action by Department Head

CAO Approval: _____

Date: _____