



Schedule "A"
Municipality of Calvin
Municipal Complaint Form

COMPLAINANT CONTACT DETAILS

First Name	Last Name
Municipal Civic Address/Property Location	Phone Number
Mailing Address	
Email Address	

COMPLAINT TYPE

- | | |
|--|---|
| <input type="checkbox"/> Access to Services | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Staff Conduct |
| <input type="checkbox"/> Processes or Procedures | <input type="checkbox"/> Timeliness of Services |
| <input type="checkbox"/> Other | |

SUMMARY OF COMPLAINT

Please outline details of your complaint below, including relevant dates, times, location and background information (which should include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs etc.) Be as detailed as possible. Attach a separate page where necessary.

Details
Service area/location of problem
Staff persons involved (if known and applicable)
List of enclosures (include copies of any documentation in support of the complaint)

RESOLVE

How do you suggest the situation be improved or the complaint be resolved?
Complainant's signature
Date complaint submitted (mm/dd/yyyy)

SIGN OFF

OFFICE USE ONLY

Date received:	File No:
Acknowledge receipt of the complaint:	
Investigation Notes:	
Final Response to Complaint:	
Date sent:	