

Hilton Township Complaint Form

Your Name

Telephone Number

Mailing Address

E-mail

Please outline your complaint/issue, including relevant dates, times, location and background information that might include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc.

Please explain the desired outcome to improve or resolve the situation.

Signature: _____

Thank you for taking the time to express your concern(s).
We will provide a response within thirty(30) days of receiving your complaint.
If you have any questions about this process, please contact the Clerk at:
705-246-2472 or admin@hiltontownship.ca

For Office Use Only

Complaint #:

Received By:

Date:

Forwarded To:

Date:

Acknowledgement Letter **Date:**

Staff Name

Additional Correspondence:

Date Sent:

Staff Name

Staff Name

Action Taken:

Final Decision Letter **Date Sent:**

Staff Name

- Copies Filed with Clerk**
- Initial Complaint
 - Acknowledgement Letter
 - Additional Correspondence
 - Final Decision Letter