



GENERAL COMPLAINT FORM

Date: _____

Your Name: _____

Address: _____

Phone : _____

Email Address: _____

Please outline your complaint/issue/concern, 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

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of complaint investigation and resolution.



OFFICE USE ONLY:

Complaint #: _____

Received by: _____

Date: _____

Forwarded to: _____

Date: _____

Acknowledgement Letter/email sent:

Date: _____

Additional Correspondence: _____

Inspection Date: _____

Conditions Found:

Actions Taken:

Letter of Violation Sent: _____

Compliance Achieved Date: _____

Comments:
