

BY-LAW 15 - 19 – SCHEDULE ‘B’ – COMPLAINT FORM

NAME:	
MAILING ADDRESS:	
TELEPHONE:	
EMAIL ADDRESS:	
<i>Please outline your complaint, including relevant dates, times, location, and background information that may include Township employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc. Attach additional pages if required.</i>	

<i>Do you have any suggestions as to how this complaint can be resolved or the situation improved?</i>			
_____		_____	
COMPLAINANT SIGNATURE		DATE	
FOR OFFICE USE ONLY			
Complaint #			
Received By:		Date:	
Forwarded To:		Date:	
☐ Acknowledgement Letter		☐ Additional Correspondence	
Date Sent: _____		Date Sent: _____	
Staff Sender: _____		Staff Sender: _____	
SUMMARY OF ACTION TAKEN			
Administrator _____		Copies Filed with Clerk	
Date Sent: _____		☐ Initial Complaint	
Staff Sender: _____		☐ Acknowledgement Letter	
<i>Thank you for taking the time to express your concern. We will provide a response within thirty (30) calendar days of receiving your complaint.</i>		☐ Additional Correspondence	
		☐ Final Decision Letter	
<i>For questions about the process, please contact:</i>			
Nancy Field CAO/CLERK, (705)-382-3232, clerk@ryersontownship.ca 28 Midlothian Road, Burk's Falls, ON			