## BY-LAW 15-19 - SCHEDULE 'B' - COMPLAINT FORM

NAME:	
MAILING ADDRESS:	
TELEPHONE:	
EMAIL ADDRESS:	
information that may	mplaint, including relevant dates, times, location, and background include Township employees you have contacted to resolve the the incident, photographs, etc. Attach additional pages if required.

COMPLAINANT SIGNATURE  FOR OFFICE USE ONLY  Complaint #  Received By:    Date:	Do you ha improved?	ve any suggestions as to how this co	omplaint can be reso	olved or	the situation		
FOR OFFICE USE ONLY  Complaint #  Received By: Date:  Forwarded To: Date:  Acknowledgement Letter Additional Correspondence Date Sent: Date Sent: Staff Sender:  Staff Sender: Staff Sender:  SUMMARY OF ACTION TAKEN  Administrator Copies Filed with Clerk Date Sent: Initial Complaint Staff Sender: Acknowledgement Letter  Thank you for taking the time to express your concern. We will provide a response within thirty (30) calendar days of receiving your complaint.  Final Decision Letter							
FOR OFFICE USE ONLY  Complaint #  Received By:  Date:  Forwarded To:  Acknowledgement Letter Date Sent: Staff Sender:  Staff Sender:  SUMMARY OF ACTION TAKEN  Administrator Date Sent:  SUMMARY OF ACTION TAKEN  Copies Filed with Clerk Date Sent: Initial Complaint Staff Sender:  Acknowledgement Letter  Acknowledgement Letter  Thank you for taking the time to express your concern. We will provide a response within thirty (30) calendar days of receiving your complaint.  Final Decision Letter							
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days of receiving your complaint.  Final Decision Letter			Additional Correspondence				
For questions about the process, please contact:			Fina	l Decision	ı Letter		
A	For questions abo	out the process, please contact:					