

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

NAME:	
MAILING ADDRESS:	
TELEPHONE:	
EMAIL ADDRESS:	
<p><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></p>	

Do you have any suggestions as to how this complaint can be resolved or the situation improved?

_____ **COMPLAINANT SIGNATURE**

_____ **DATE**

FOR OFFICE USE ONLY

Complaint #

Received By:

Date:

Forwarded To:

Date:

Acknowledgement Letter

Date Sent: _____

Staff Sender: _____

Additional Correspondence

Date Sent: _____

Staff Sender: _____

SUMMARY OF ACTION TAKEN

Administrator _____

Date Sent: _____

Staff Sender: _____

Copies Filed with Clerk

Initial Complaint

Acknowledgement Letter

Additional Correspondence

Final Decision 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.*

For questions about the process, please contact:

Judy Kosown CLERK, (705)-382-3232, clerk@ryersontownship.ca 28 Midlothian Road, Burk's Falls, ON