



**Municipality of  
Magnetawan**

**COMPLAINT FORM  
BY-LAW 2024-37**

|   |  |
|---|--|
| NAME:   |  |
| MAILING ADDRESS:  |  |
| TELEPHONE:  |  |
| EMAIL ADDRESS:  |  |
| <i>Please outline your complaint, including relevant dates, times, location, and background information that may include Municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc. Attach additional pages if required.</i> |  |
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*Do you have any suggestions as to how this complaint can be resolved or the situation improved?*

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**COMPLAINANT SIGNATURE**

\_\_\_\_\_

**DATE**

*Personal Information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used by the Municipality to consider this application and to conduct an inquiry into it. Questions about the collection of this information should be directed to the Clerk of the Municipality.*

Forward the completed form to [clerk@magnetawan.com](mailto:clerk@magnetawan.com)  
Or mail to: Municipality of Magnetawan, PO Box 35, Magnetawan, ON P0A 1P0