

COMPLAINT FORM BY-LAW 2024-37

NAME:		
MAILING ADDRESS:		
TELEPHONE:		
EMAIL ADDRESS:		
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.		

Do you have any suggestions as to how this c	complaint can be resolved or the situation improved?
COMPLAINANT SIGNATURE	DATE
	ollected pursuant to the Municipal Freedom of
	acy Act and will be used by the Municipality
	n inquiry into it. Questions about the collection of this cted to the Clerk of the Municipality.
	form to clork@magnotawan.com
Forward the completed	awan, PO Box 70, Magnetawan, ON POA 1PO