



#73 Municipal Rd. N., P.O. Box 70, South River, On. P0A 1X0
Phone 705-386-7741 Fax. 705-386-0765

COMMENTS / COMPLAINTS

Name _____ Date _____

Street Address _____ Phone Number _____

Mailing Address _____

Nature of comment/complaint:

Signature _____

FOR OFFICE USE ONLY

Time Received: _____ Date Received: _____

Received by staff: _____ Forwarded to staff: _____ On date: _____

ACTION TAKEN:

OUTCOME:

Returned to municipal office on date: _____ By staff: _____

Procedure for Staff

1. Resident completes form, signs it and returns to municipal office staff.
2. Municipal staff initial, time and date form. indicate which department staff the complaint is being given to and the date it was forwarded.
3. Photocopy and file the 'copy' in the complaint book.
4. Forward the original to the applicable department.
5. Department staff note action taken and outcome of action/complaint, initial and date form. The original complaint form is returned to the municipal office.
6. Original form is filed and the copy is shredded.