

SCHEDULE B



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#33011 Hwy 62, P.O Box 130 Maynooth,
Ontario K0L 2S0

www.hastingshighlands.ca

COMPLAINT FORM

YOUR NAME			
CONTACT INFORMATION			
HOME PHONE		CELL	
MAILING ADDRESS			
EMAIL			
<i>Please outline your complaint/issue, including relevant dates, times, location and background information that might include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc.</i>			

How do you suggest the situation be improved or complaint resolved?

OFFICE USE ONLY

COMPLAINT #			
RECEIVED BY		DATE	
FORWARDED TO		DATE	

<input type="checkbox"/> Acknowledgement Letter Date sent: _____ Staff name: _____	<input type="checkbox"/> Additional correspondence Date sent: _____ Staff name: _____
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ACTION TAKEN

<input type="checkbox"/> Final Decision Letter Date _____ sent: _____ Staff name: _____	Copies filed with Clerk <input type="checkbox"/> Initial complaint <input type="checkbox"/> Acknowledgement letter <input type="checkbox"/> Additional correspondence <input type="checkbox"/> Final Decision letter
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*Thank you for taking the time to express your concern(s).
We will provide a response within thirty (30) calendar days of receiving your complaint.
If you have any questions about this process, please contact the
Municipal Clerk 613-338-2811 ex 277 or shuschilt@hastingshighlands.ca*