

Township of Douro-Dummer

894 South Street PO Box 92 Warsaw ON KOL 3A0 www.dourodummer.on.ca

Fax: (705) 652-5044 Phone: (705) 652-8392

Formal Complaint Form - Public Complaint Policy

Complainant Contact Information:				
Name:				
Address:				
Postal Code:	_ Telephone: .			
E-mail:				
Preferred Method of Contact:	□Mail	☐ Email		
Complaint Information: Please record all complaint deta	ails to your kno	wledge: relevant background, who was involved		
(if known), dates, times, and lo	cations. Please	e be as detailed as possible. You may attach		
extra paper and/or supporting o	documents as r	necessary:		
				
				

The personal information you choose to provide on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The information you provide will be used to investigate the complaint and may be used for contact purposes but is otherwise considered confidential. Please contact the Clerk for further details regarding the Township's internal complaint handling process



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Please provide details on what Resolution to this complaint you would like to see:				
Signature:	Date:			

Please direct complaints to the following:

Martina Chait-Hartwig, Acting Clerk – martinac@dourodummer.on.ca or via the address above

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