



Township of Red Rock Complaint Form

Appendix "A"

The Corporation of Township of Red Rock is committed to continuous organization improvement in an environment where all complaints are dealt with fairly in a respectful transparent fashion. Complaints must be made within thirty (30) days after the alleged event.

Are you submitting the complaint on behalf of someone else? Yes No

Please in what sector your complaint is related to:

- Animal Control Building By-law Clerk's
 Fire Public Works Recreation

Please indicate the date of occurrence: ___/___/___ (DD/MM/YYYY) Time: _____

Please indicate the location of the alleged event(s):

If known or applicable, please indicate the staff person(s) involved:

Please indicate the nature of the complaint (include as much detail as possible):

Please attach any additional documents regarding your complaint (pictures, additional written content, etc.)

Please describe how you would like to see your complaint resolved:

Please provide us with your contact information:

First Name: _____ Last Name: _____

Address: _____

Town: _____ P.O. Box: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Please note that you will be contacted within ten (10) business days to confirm receipt of your complaint.

Please return your completed form:

Attention: Clerk's Department

In person/mail: Township of Red Rock, 42 Salls Street, P.O. Box 447

Red Rock, Ontario, P0T 2P0

Telephone: 807-886-2245 Email: cao@redrocktownship.com

For Office Use Only

Date complaint form was received:

Received by:

Complaint forwarded to (staff name):

Date forwarded:

Decision on complaint:

Date letter to complainant regarding decision of complaint sent: