

NO.

Municipalité de
Municipality of



Sac postal / P.O. Bag 129, Mattice, Ont. P0L 1T0
(705) 364-6511 – Fax: (705) 364-6431

COMPLAINT FORM (F-PM4)

INSTRUCTIONS: Complete this form in its entirety and include as much detail as possible. You must include your name, address and telephone number. Anonymous complaints will not be acted upon.

YOUR NAME : _____

YOUR ADDRESS (postal & residential) : _____

YOUR PHONE NUMBER : _____

YOUR EMAIL ADDRESS : _____



• Who are you complaining about? (name) _____

Where did this happen? (address) _____

Date and time? _____

Details of your complaint :

What is the desired result? (how do you hope the situation will be addressed?)

Signature

Date

Personal information contained in this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, C. M. 56, and will be kept in confidence except where required by law or for court purposes. For further information, please contact the municipal Clerk.

Please forward this complaint form to the municipal office by one of the following means:

1. In person : 500, highway 11, Mattice, Ontario, during office hours
(8 :30 am to 4 :30 pm, Monday to Friday, closed for lunch and on holidays)
2. By mail : Municipality of Mattice – Val Côté, P.O. Bag: 129, Mattice, ON, P0L 1T0
3. By email, to the general office address: info@matticevalcote.ca